The Local SEND Reform Plan

June 2026



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1. **Introduction**

Document Overview

This document is designed to support local area partnerships develop a **Local SEND Reform Plan** with most sections pertaining to the local area partnership as a whole, in particular, local authorities (LAs) and Integrated Care Boards (ICBs), multi-academy trusts (MATs) and schools. Sections that pertain solely to local authorities are clearly marked **Local Authorities**.

While this document addresses local area partnerships, the government's expectation is that the local authority is the system 'convener'; taking the lead to bring together all system partners and ensure they work together to develop and deliver the Local SEND Reform Plan. Similarly, the government has clear expectations on all system partners to proactively respond to the local authority's leadership, ensuring they commit resources and fulfil their responsibilities in the partnership. Central government will actively engage where system partners are not responding to the local authority's leadership.

The document contains the following:

1. **The Local SEND Reform Plan Guidance**
   Overview and a practical guide to help local area partnerships complete the plan.

2. **Local SEND Reform Plan Template – Annex A**
   The delivery plan that local area partnerships are expected to complete and return to the Department for Education and NHS England by **19 June 2026.**

3. **Supporting Documents – Annex B**
   A list of key resources and references including links to relevant policy documents, tools, and guidance referenced throughout.

The Local SEND Reform Plan

The 0-25 SEND system has been under significant and prolonged pressure, resulting in a system that is failing too many children and young people. Local services are overstretched, some children's needs are escalating unnecessarily to crisis point, and financial pressures have become unsustainable. Yet within this challenging landscape, many local area partnerships have demonstrated determination and leadership - working very hard to improve their local services and often developing compelling and innovative approaches to meet the needs of children and young people with SEND. The government is committed to collaborating with local area partnerships to build on and scale what is working well.

We recognise that system-wide reform and investment is needed to deliver an inclusive and sustainable system that stands the test of time. However, realising this vision will only be possible if every local area takes full responsibility for driving significant improvement in the sustainable delivery of local services. It is imperative that all local areas begin this essential work through robust action plans that demonstrate clear ownership, ambition and accountability. This step change in the delivery of local services cannot be optional; it is a critical expectation of all local area partnerships.

As set out in the Schools White Paper, the government will reform the current SEND system, building on ongoing work to create a system that's rooted in inclusion, where every child and young person receives high-quality support early on and can thrive in their local early years setting, school or college. The government's plan is to ensure opportunity for all by delivering an excellent, inclusive education for every child with a world class education and highly trained workforce. This will be based on an inclusive mainstream education system, with professional support for children and young people that need it, and improved, efficient and effective local delivery, as detailed below.

- **Inclusive mainstream system**: most children and young people with SEND will be supported to achieve and thrive in mainstream education settings through high-quality teaching, inclusive practice, and targeted support. Settings will be equipped to create the right environments, and multidisciplinary professional support services will be commissioned at a group level to address needs efficiently.

- **Specialist support for children that need it**: Specialist settings will continue to play a vital role for children and young people who require a substantially different curriculum or highly individualised approaches that cannot be delivered in mainstream educational settings.

- **Efficient and effective local delivery**: investment in and improvement of local services, including health, care, and wider workforces and resources, will support the delivery of joined-up, place-based provision. Local authorities will work with Integrated Care Boards to commission multi-disciplinary professional support across early years settings, schools and post-16 providers, taking a whole school approach at group level, so children and young people can access the help they need. Improvement of local services eases the pressure on home to school transport, ensuring fewer children and young people with SEND need to travel a long way from home to attend a school or setting. Local authorities will work with all settings to plan and deliver the right physical spaces in mainstream nurseries, schools and colleges.

Delivering lasting change will take collective commitment and sustained effort from all of us; government, local authorities, health partners, early years, MATs, schools and colleges; working together with parents and carers to build the inclusive system our children and young people deserve.

The Local SEND Reform Plan is the key delivery and accountability vehicle for this collaborative commitment, with expectations that it is revised annually as proposed reform is rolled out. We recognise that delivery of the plan will be within the current statutory framework, as such, local area partnerships will not be required to implement any policy that is being consulted on or that will require legislative change.

This first iteration is about building on existing foundations and putting in place the groundwork for reform. It aims to:

- Support central government to understand how the SEND system is being transformed nationally, understand how investment funding is being used to achieve reform priorities, identify innovative practice that can be disseminated and scaled up, and identify where additional support may be required.

- Support local areas - local authorities, health partners, early years, MATs, schools and further education - to develop and deliver a clear pathway toward an inclusive and sustainable local SEND system that identifies and supports

needs **early**, meets needs within the **local** area, is **fair, effective** and **shared**; building on existing work and tailored to the unique context of the local area.

- Support local authorities to unlock investment funding and access support for historic and accruing deficits.

The Local SEND Reform Plan provides a framework that partnerships can use to establish a baseline for their local system and metrics against which transformation progress can be tracked.

The government, working alongside local area leadership, will use the plans - and the insights from regular progress reviews - to understand delivery, support decision-making on investment funding and access to the High Needs Stability Grant, and reflect progress on target metrics. The Department for Education, in particular, will use the plans - incorporating the data returns, local partnership maturity assessments and core local reform plan – to establish a baseline and ongoing monitoring of local area performance.

Throughout this process, DfE officials, health regional leads, SEND and financial advisers will support local area colleagues with access to tailored guidance and emerging insights to help shape and strengthen their plans. The Local Government Association (LGA) will also provide additional system leadership and transformation support through the children's and SEND improvement advisers.

2. Laying the Foundation for Reform

A central focus of this first iteration of the Local SEND Reform Plan is the introduction of the **Experts at Hand (EAH) Offer** and a strengthened approach to ensuring there are sufficient high needs places within mainstream settings, alongside a continued strengthening of effective partnerships and practice. Together, these initiatives aim to build a more inclusive and sustainable SEND system by ensuring mainstream settings, supported by collaborative and maturing partnerships, are equipped with both the right infrastructure and the specialist expertise needed to meet the needs of children and young people with SEND.

The Experts at Hand Offer

The Experts at Hand Offer is a core pillar of the SEND reform programme, designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND more effectively and inclusively.

Local areas should provide a defined route for mainstream education settings to access specialist support, including from a range of experts with specialisms in education & health, such as in, educational psychology, speech and language therapy, and occupational therapy, as well as through outreach from specialist settings. By adding support to shift to increased group-based models and whole setting advice and support, health and education professionals can deliver evidence-based support and intervention with greater impact and value, ensuring, where possible, needs do not escalate. This not only makes better use of a limited workforce but also reduces dependence on costly, individualised provision. There will continue to be children and young people with complex needs that will require individualised and tailored support to meet their needs.

We know that strong practice and effective joint working already exist in many local areas where settings are supported to strengthen inclusive practice. We are keen to ensure that local areas are building on these as they develop and scale up their offer.

Local area partnerships (Local Authorities, ICBs, and system partners including settings) are expected to build their Experts at Hand Offer so that it becomes an ongoing and embedded element of the SEND system.

In order to achieve this, as well as to support a more effective SEND system overall, we need:

- To maintain access and referrals for those children who need specialist referral pathways identified at triage based on educational and clinical need.
- Better joint working across ICBs, LAs, and local system partners including education settings, Best Start Family Hubs, Parent Carer Forums (PCFs), health providers and children and young people.
- More effective joint commissioning between LAs and ICBs, including strategic planning and co-production with children, young people and families and local partners.

- A strong universal offer and fluid layers of support which can be accessed from day one, one of which should include an offer of support for mainstream education settings giving them access to universal and targeted support from services across health and education – the new 'Experts at Hand' offer.

The aim of this offer is for mainstream early years settings, MATs, mainstream schools and further education providers to improve across the following areas:

1. Understanding the needs of children and young people in their setting.
2. Putting structures in place to build relationships and co-production with the parent/carer community.
3. Strengthening the baseline level of capacity of settings and staff to meet commonly occurring SEND needs.
4. Reviewing practice regularly to ensure current approaches are the most suitable.
5. Improving knowledge of when and how to draw down additional expertise when required.

This model allows for more efficient deployment of multidisciplinary professionals, promotes broader skill development across settings, and supports a more dynamic and sustainable workforce. It also puts a stronger focus on collaboration between health professionals and education settings, enhancing the role of health professionals in education and enabling them to focus on strategic support to schools and settings as well as system-wide impact.

The offer is designed to build capability within mainstream settings through joint working, empowering education staff to identify and meet a wider range of needs and enabling more children and young people to thrive in inclusive environments; and is expected to be jointly owned and resourced by the Local Authority and Integrated Care Board.

Local areas should consider how they will develop this offer to ensure there is support and appropriate provision across early years, primary, secondary, and further education settings. This should include developing effective models and partnerships for supporting young people with SEND who access further education in a different local area.

Local areas[1] have flexibility in how they commission or employ the multidisciplinary workforce required to deliver the offer. They are encouraged to explore, alongside other options, deployment through special schools and colleges, alternative provision schools, Neighbourhood Health Services, Best Start Family Hubs[2], and Multi-disciplinary Family Help Teams. Local areas will need to work with neighbouring local area partnerships and representatives of the further education sector to consider how best to deliver this service to all colleges and other post-16 providers their young people attend – including those out of their area.

Local systems are expected to begin building this offer using allocated investment funding as a core focus of their delivery in the first year, with the aim of having all Experts at Hand offers established and operational as the new reforms are introduced.

Guidance relating to the Experts at Hand offer is due to be published **in Spring 2026**.

Core minimum requirements

Experts at Hand Offer

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- The delivery approach for this offer and the rationale for why the outlined approach is optimal for the local area. This will include setting out if delivery will be local authority-led, contracted to the ICB, in partnership with another area or through an external partner, and setting out the role of Best Start Family Hubs. Where delivery involves an ICB or external partner, please specify the partnership vehicle (such as an SLA or MOU) and how performance will be assured.
- A summary of the partnership approach to agreeing an optimal delivery model including how all system partners were engaged and how the approach was informed by needs-based data.

[1] Local areas who have been involved in ELSEC and PINS can use the structures they have in place and the learning they have gained to support the design of their offer.
[2] New guidance to be published 23 March 2026.

- How the EAH funding will enhance existing routes to access specialist input, and how the delivery model will be integrated with other services or offers funded separately.
- Proposal to collaboratively recommission alternative provision to align with the 3-tier model and best practice identified through Alternative Provision Specialist Taskforces (APST) models.
- Where alternative provision capacity is constrained, whether the LA will contract provision, partner regionally, or share expertise and the route chosen.
- Proposals for commissioning outreach from high-quality specialist providers, where appropriate.
- Proposal for timely access to health and education professionals (e.g., in educational psychology, occupational therapy and speech and language therapy) for early years, schools and colleges based on assessed local need.
- A detailed year 1 implementation plan, including recruitment approach and success metrics (e.g. coverage, scale of support available), and a high-level plan for years 2–3.
- A proposed governance and accountability arrangement, as part of the Local Area Partnership Board, including oversight routes, budgets and funding arrangements, reporting cadence and escalation processes. This should include a single, named LA-based SRO to drive improvement and reform.
- Clear expectations for joint governance, monitoring and shared accountability across education and health partners.
- Proposed approach to settings accessing support which ensures support is not disproportionately accessed by the most proactive schools and settings and includes out of area mainstream further education settings attended by local young people with SEND.

Embedding the Experts at Hand Offer Within a Broader Reform Strategy

Local Authorities

While the Experts at Hand Offer will be a key building block to reform, it is not sufficient on its own to deliver the scale of change required for SEND. Local authorities are encouraged to continue to take a strategic approach to **place planning and capital investment** to ensure inclusive provision is available and accessible. Guidance relating to inclusion bases (formerly SEN units, resourced provision and pupil support units – SU/RP/PSUs) is due to be published in **Spring 2026**.

To support this, we expect that local authorities will:

- Set out how High Needs capital funding will be used to invest in new places and adaptations to the physical environment so that needs of children and young people with SEND are met in alignment with the reform aims of mainstream inclusion.
- Use capital investment to improve the inclusivity of provision in all settings, considering a range of interventions that could better support children and young people with SEND through the physical environment, working with professionals who can advise and support e.g. special school/alternative provision practitioners, Occupational Therapists, Speech and Language Therapists, specialist nurses, mental health practitioners and support workers.
- Identify where inclusion bases (formerly SU/RP/PSUs) in mainstream schools or nurseries, or specialist provision in colleges, currently exist, where additional capacity is needed, and how this varies across planning areas.
- Engage proactively with early years providers, schools, multi-academy trusts and further education providers as well as health providers, to co-develop strategies for enabling more children and young people with SEND to access mainstream education.
- Engage with parent carer forums and children and young people forums to co-produce strategies that work for children and families.
- Ensure that decisions about the location and type of new SEND provision explicitly consider the proximity to where children and young people live and the implications for transport, recognising this may not always be possible when commissioning SEND provision in large, further education colleges.
- Ensure that all sufficiency and capital investment decisions include an assessment of transport impact, with a focus on reducing long-distance travel and increasing access to local, inclusive settings.

Core minimum requirements

Sufficiency and Place Planning

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- A summary of local sufficiency pressures and how planned place growth addresses demand trends, including EHCP drivers and opportunities to meet need through capacity in mainstream settings.
- How the planned increases in capacity across setting types will reduce reliance on special schools, especially out-of-area placements and independent specialist provision.
- How collaboration between LAs and MATs could be strengthened to identify suitable sites and jointly plan the development of inclusion bases.
- Assurance that proposed inclusion bases in early years settings, schools, and colleges would reflect local demographic need, maintaining high quality standards and clear expectations on type of provision.
- How existing school premises are factored in when planning new inclusion bases, including opportunities created by falling rolls.
- Detailed plans to meet need for specialist places, by increasing capacity in mainstream settings through inclusion bases, and to improve the suitability of the physical environment. This should set out how the investment would align with local need and reduce future pressure. Where plans propose use of high needs capital to create additional special school places, this should clearly explain why need cannot be met in mainstream, including how the investment would align with local need and reduce future pressure.
- Proposals for flexibility to accommodate rurality and local variation, ensuring provision remains viable and context appropriate.
- Evidence that an impact assessment of travel arrangements has been carried out for any capital, inclusion base or special school expansion proposal, demonstrating expected changes to travel distances, journey times, and reliance on out of area placements. Including any explicit travel related mitigations.

Strengthening Effective Partnerships and Practice

Effective collaboration across all system partners, including local authorities, ICBs, health provider organisations, Parent Carer Forums, Best Start Family Hubs, early years settings, mainstream and specialist schools, further education, dioceses, multi-academy trusts (MATs), parents carers, and children and young people with SEND, is essential to delivering meaningful transformation.

A transformed system that works for children and families must include co-production, collaborative partnership working and stakeholder engagement. Strong relationships at system and setting level are central to this.

The success of this transformation depends on shared ownership of decision-making, design and delivery of the local offer, and responsibility by all system partners, particularly local authorities, Integrated Care Boards and education settings.

The department is clear that MATs and schools have clear responsibilities in the development and active deployment of a strong universal offer of support to children and young people with SEND in their settings. They are expected to proactively collaborate with their system partners, including local authorities and ICBs, drawing on up-to-date understanding of the needs of children and young people in their settings to deliver consistent and robust support, particularly for the most commonly occurring and growing areas of need.

In the long term, MATs and schools will work together to pool some funding from their Inclusion Share for a more collaborative, efficient system to meet needs across their group and allow for better sharing of expertise and resources across an area. Local school groupings will need to be actively engaged with the local authority and Integrated Care Board. We will look to local authorities and their partners to shape the formation of groupings in their areas and have an oversight role for these groups. In designing local systems, local authorities, MATs, schools and other system partners should start to consider how they might integrate school groups into the bigger picture, to work closely with their Experts at Hand and wider reform offer to provide a comprehensive SEND system.

We would like to work with school and local authority partners to understand how these groups are best structured while we move long-term to a system where all schools are part of strong groups. Guidance relating to school groups and pooled funding will be published in due course.

Core minimum requirements

Local area partnerships will be expected to clearly and succinctly set out in their plan:

Effective Practice - Universal Offer

- Proposal to co-develop, and regularly refresh, a partnership-wide universal offer agreement with schools, MATs, early years settings and post-16 providers which will be underpinned by up-to-date, needs-based data and signed off by the local authority, ICB, MAT and school representatives and Parent Carer Forum (PCF). The agreed universal offer should draw on approaches that will be set out in the National Inclusion Standards.
- Evidence of the processes and mechanism through which MATs and PCFs are engaged in the development of the universal offer.
- How early intervention services will be strengthened, with enhanced mainstream support to prevent escalation of need.
- How a strengthened universal offer will support mainstream settings to meet the most commonly occurring and growing areas of need. This should include how well evidenced early intervention approaches focused on speech and language (e.g. ELSEC[3]/NELI[4]), autism spectrum disorder (ASD) and social, emotional and mental health difficulties (SEMH), could be deployed.
- How a strengthened universal offer and group level specialist support will reduce escalation into out-of-area placements with significant travel-assistance requirements.

Early Years (plans should align with LA Best Start in Life plans)

- Proposal for assessing sufficiency of current level of childcare provision for 0–5s, detailing: (a) availability of early years places; (b) availability of specialist SEND early years places; and (c) any local gaps for children with complex and emerging needs and plan to address these including the role of wider partners such as Best Start Family Hubs.

[3] Early Language Support for Every Child
[4] Nuffield Early Language Intervention

- Proposal to improve early years identification and intervention strategies, including the role of Best Start Family Hubs.
- Proposal to strengthen transitions from early years to primary school, ensuring effective information flow and timely specialist input.

Post-16

- Proposal to strengthen pathways to adulthood, supporting young people to access education, training, employment and supported internships.
- A clarification of pathways into and out of post-16 settings, informed by consistent information flow and timely, effective specialist support.

Effective Partnerships

- Evidence of effective, shared, partnership leadership and governance across all system partners, with clear and mutually understood accountability arrangements.
- Evidence of formal representation from early years, schools, MATs and further education on partnership boards, with appropriate links to Schools Forums to support coherent engagement across all settings.
- Proposal to underpin partnership working with shared, high-quality data, including joint dashboards and use of a partnership maturity matrix to assess effectiveness.
- How proposed/agreed mechanisms for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) would support collective responsibility for inclusive practice.
- Proposal to strengthen dispute resolution and decision-making processes so system partners can address issues early and consistently, supported by transparent escalation routes.
- A single named SRO who is part of the leadership team, to provide operational leadership and drive reform across the partnership. The SRO should be a senior local authority official.

Effective Co-production Practices

- Proposal to strengthen co-production arrangements so that parent carer forums are properly resourced and consistently engaged in shaping decision making.
- How the voice of children and young people is captured directly and distinctly from parent voice, with clear evidence of how their views influence decisions.
- How SENDIASS will be used to support parents carers with high quality, independent information and guidance, and how the local area will address variability in service quality where it exists, with reference to the minimum SENDIASS service standards. Please include proposed mitigation to any parental concerns about the perceived independence of SENDIASS within mediation processes.
- Proposal to adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed.

Mediation

- A description of local mediation and dispute resolution arrangements, demonstrating how they incorporate the voices of parents and children and young people.
- Proposal to maintain metrics for timeliness, resolution rates and effectiveness to support monitoring and accountability.

Governance

The Local SEND Reform Plan should be a local area partnership plan. The local authority, as the system convener, has an oversight role over the process of preparing, submitting and delivering the overall Local SEND Reform Plan with active participation from all system partners.

Governance arrangement is expected to include active representation from all key partners, including ICBs, PCFs, MATs and schools, with clear roles and accountability. Where local area partnerships involve multiple education partners – including those not always located within their area such as further education colleges – or may commission therapy services from different health providers, they should agree how those institutions/providers can be represented and have a fair voice in decision making.

The local area partnership should agree a single, named Senior Responsible Officer (SRO) for the Local SEND Reform Plan and local area transformation who will be responsible for overseeing SEND improvement and reform for the area. The SRO should be a senior local authority official and part of the local area partnership leadership.

The Local SEND Reform Plan should be discussed, agreed, and signed off at the relevant SEND Governance Board. As a minimum, the plan should be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Services (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer), reflecting the joint statutory responsibilities for SEND across the system.

We expect your Local SEND Reform plan to be aligned with other local strategic plans you are currently developing, including your Best Start local plan. Both plans sit firmly within the government's ambition to improve child development and health outcomes, and to create a more inclusive, high-quality system of support for all children and young people with SEND. Together, they should provide a coherent local approach to raising outcomes for children, young people and families.

Funding

To deliver our ambition for an inclusive and sustainable SEND system, the Department has secured targeted funding through the Spending Review. Some of this funding will be delivered directly to LAs and ICBs, other funding streams will be delivered to settings and will need to be considered when developing plans.

LA and ICB Funding

Funding	Description
Experts At Hand Offer Funding (for LAs and ICBs)	This funding is provided to support development of an Experts at Hand Offer which provides a defined route for mainstream education settings to access support, including but not limited to Educational Psychology, Speech and Language Therapy, and Occupational Therapy. Rather than relying on individual referrals, the offer enables a whole setting approach to group-level support, tailored guidance, and strategic advice, allowing for earlier and more impactful intervention. The funding will be paid via the Local Inclusion Partnership Grant after June 2026. LA allocations and methodology will be published in Spring 2026.
Transformation Funding **Local Authorities**	Transformation funding should support authorities to deliver the necessary changes to their local systems in line with the Schools White Paper while continuing to deliver effective and efficient services to children and young people with SEND through transition. This could be done through expanding capacity and capability within the Local Authority to deliver the required changes. For example, building data and analytical capability to enable effective monitoring of system performance so that decisions on delivery are informed by high quality and good use of data or building project management functions that can organise and sequence work, ensuring efficient and effective deployment of resources. The funding will be paid via the Local Inclusion Partnership

	Grant after June 2026. LA allocations and methodology will be published in Spring 2026.
Best Start Family Hubs Funding **Local Authorities**	This funding supports the rollout of Best Start Family Hubs across England. Best Start Family Hubs will have a children and family services professional specifically trained in working to support inclusion for children with additional needs.
High Needs Capital Funding **Local Authorities**	This funding is provided to support local authorities to provide places for children and young people with SEND, or who require alternative provision (AP). This funding is expected to fund a transformative expansion of inclusion bases, as well as adaptations to improve the accessibility and inclusivity of mainstream settings, reducing the need for pupils to travel a long way to a special school and the costs of LA arranged transport. It can also fund places in special schools for the most complex needs. More details on this funding and local allocations will be published in Spring 2026.
Inclusive Early Years Fund **Local Authorities**	We expect early years settings to use the Inclusive Early Years Fund to strengthen inclusive practices across the whole setting. This may include freeing up staff time to participate in continuing professional development (CPD), collaborate on inclusive planning, or engage in early assessments. The funding can also support activities such as adapting the curriculum, improving the learning environment, or implementing targeted, evidence-based interventions for groups of children. These approaches aim to embed inclusive practice into everyday provision, reducing the need for individual applications or formal diagnoses.

Local areas should consider how these funding streams will be used strategically and effectively to support reform priorities, build capacity, and ensure priority outcomes are realised.

Other Inclusion Funding

We are also investing in mainstream settings to ensure that they are able to meet the needs of more children with SEND effectively.

Funding	Description
Inclusive Mainstream Fund (for Schools, and Post-16 settings)	We expect settings to use this funding to identify commonly occurring, predictable needs such as difficulties with reading or emotional regulation and take meaningful steps to improve everyday teaching and universal provision, so that it works well for all from the outset. Settings will also be able to spend the funding on developing more targeted evidenced-based support offers such as transition support or specific group interventions for those who need them, without the need for as many formal assessments or diagnoses.

Structure of the Local SEND Reform Plan

The Plan is structured into five key sections:

1. **Vision** – What the local area partnership is trying to achieve
   The vision and goals for your local system in line with the national vision set out in the Schools White Paper.

2. **Strategy** – How the local area partnership plans to achieve it

   Where the local system expects to be in the next 3 years, its theory of change, roadmap for the next 3 years and delivery plan for the first year.

3. **Monitoring and Evaluation** – How the local area partnership will know delivery is on track

The processes for tracking progress against milestones and outcomes and reporting to decision-makers.

4. **Governance** – What action the local area partnership will take to stay on track

   The governance and processes for monitoring progress and taking action to ensure delivery remains on track.

5. **Central Government Support** – How we can help the local area partnership

   An opportunity to identify practical support from central government that will help you deliver your plan.

The Local SEND Reform Plan is set out in **Annex A**.

3. Submission, Review, and Monitoring Process

Submission

Local areas are expected to submit the first iteration of their Local SEND Reform Plan by **Friday, June 19, 2026**.

A month prior to final local leadership sign-off and formal submission of Local SEND Reform Plans; SEND and financial advisers will be available to review a final draft of local area plans to flag any significant gaps or concerns, and together with health regional leads and DfE officials, will offer intensive support if they believe a plan is at risk of not meeting the minimum quality threshold. Local area partnerships will then have an opportunity to action these concerns prior to formal submission to the department.

Local area leadership are encouraged to self-assess their plans using the ***Local SEND Reform Plan Quality Assessment Framework*** prior to sign-off and submission.

Further guidance on the submission and review process will be shared closer to the submission date.

Review

DfE and NHS England will use the plans to help identify effective, innovative practice and barriers, and identify how to effectively target support through the period of transformation.

The government will use the ***Local SEND Reform Plan Quality Assessment Framework*** to assess the quality of plans and facilitate access to the High Needs Stability Grant for local authorities.

The department will apply a consistent multi-tier assessment and moderation process to ensure that the review and assessment of plans is rigorous, consistent and fair.

DfE officials, health regional SEND leads, SEND and financial advisers will support local area partnerships in reviewing the plans using the ***Local SEND Reform Plan Quality Assessment Framework*** in the first tier.

Assessment tiers will include Regional Directors and independent senior civil servants from across the department. A SEND Delivery Board chaired by Regions Group Director-General, Tim Coulson, with DfE non-executive directors, DfE Performance and Risk Committee members and Sir Kevan Collins, the Secretary of State's delivery advisor in attendance will sign off final ratings and agree recommendations to the Secretary of State.

The Secretary of State will make the final decision to approve or not to approve a plan with assessment outcomes will be communicated in September

Monitoring

DfE Officials, health regional SEND leads, SEND and financial advisers will support local areas to develop iterative reform plans and, together with the local area leadership, jointly monitor the implementation of plans as reforms are rolled out.

The purpose of the joint monitoring is to:

i. provide assurance that funding is spent in line with reform priorities and that local area partnerships are working together to co-design and implement key changes to local service delivery, including changes to roles and responsibilities; and
ii. provide assurance that the implementation of reforms is delivering the

anticipated changes and outcomes, by rebalancing the system towards early intervention, inclusive education, and sustainable local services.

DfE officials, health regional SEND leads, SEND and financial advisers will join quarterly review meetings with local area partnerships (utilising existing governance forums) to understand implementation progress and provide appropriate support and challenge as needed. Where applicable, these review meetings will be consolidated with other engagement or monitoring meetings from DfE or health regional SEND leads.

Local area leadership and officials are expected to discuss progress against the plan, including:

- Progress against key metrics
- Whether key milestones are on track to be achieved
- Whether risks are being effectively mitigated
- Identifying effective and innovative practice that can be shared; and
- Identifying where additional support may be needed or barriers unblocked.

Local area partnerships are required to provide quarterly data returns to DfE against the selected metrics outlined in the accompanying data template. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support local delivery, monitoring, and evaluation.

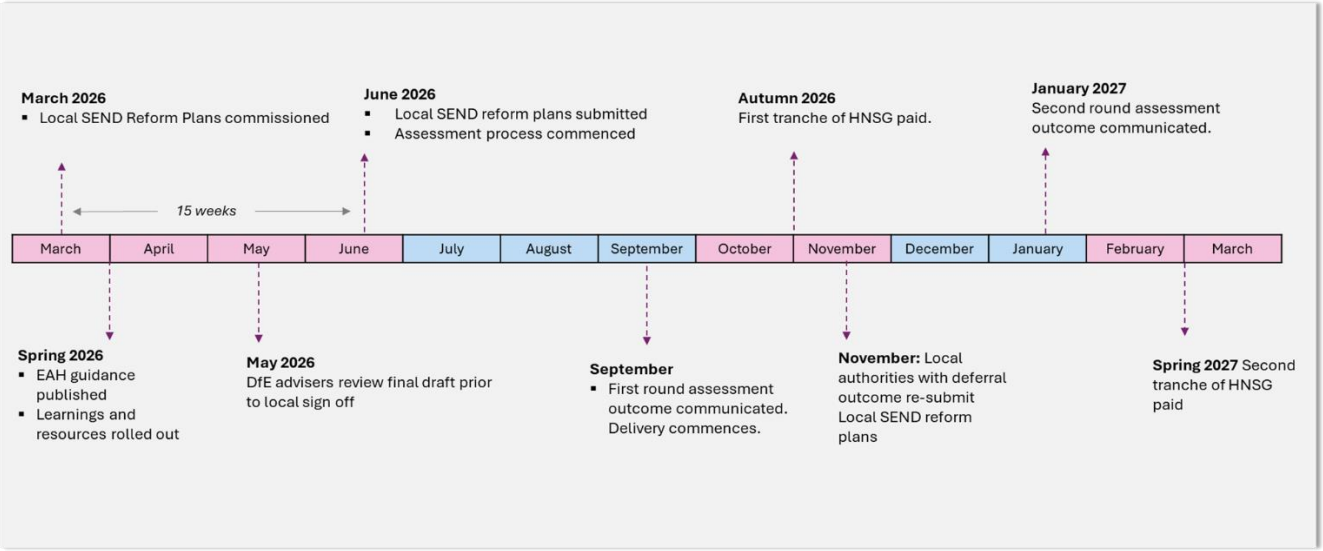
DfE officials and health regional SEND leads will use these data returns and discussions at review meetings, alongside submission of this Local SEND Reform Plan and the Local Partnership Maturity Assessment, as well as Area SEND inspection reports, to assess performance and delivery at the local level. These assessments and this ongoing monitoring will ensure that support and engagement is best allocated and targeted throughout this period of reform.

High Needs Stability Grant

The government will address long standing SEND financial pressures by covering 90% of local authorities' High Needs-related DSG deficits accrued up to the end of 2025–26 through the High Needs Stability Grant. This grant will be paid subject to each local authority securing the Secretary of State for Education's approval of their

local area's Local SEND Reform Plan. Payments will be made in Autumn 2026 for local authorities whose plans are approved. Local authorities whose plans do not meet the threshold for approval will be required to revise their plans to ensure they meet the required threshold, with appropriate support. Local authorities whose plans are subsequently approved will receive the grant payment in Spring 2027. Local authorities will not receive any payments until successful approval of their local area's Local SEND Reform Plan.

Review and payment timeline outlined below.



4. Questions

For any questions relating to this document or the Local SEND Reform Plan more widely, please get in touch with your DfE SEND Lead or contact Implementationsupport.SEND@education.gov.uk

Annex A: Local SEND Reform Plan

Developing a Local SEND Reform Plan is an important first step for local areas to set out how they will lay the foundation for reform, and design an approach tailored to their local context. A shared plan which focuses on co-designing the local approach as system partners and with children, young people and families will help foster collective responsibility for delivering the reforms.

It is critical that all system partners, including health, education and childcare settings, work together to design and deliver the Local SEND Reform Plan, under the local authority's leadership. It is also crucial that representative family carers e.g. the local Parent Carer Forum, are involved in the development of the plan.

The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer). We encourage other colleagues and partners who have contributed to also review and sign-off the plan, particularly early years, school, college and trust leaders.

Name of Local Authority: West Northants

Name of Integrated Care Board: Northamptonshire ICB

Local SEND Reform Plan SRO: Melanie Barnett

Signatories

Role	Name	Signature	Email contact	Date
West Northants Council Chief Executive	Martin Henry		martin.henry@westnorthants.gov.uk	18/06/2026
West Northants Council Director of Children's Services	Melanie Barnett		melanie.barnett@westnorthants.gov.uk	18/06/2026
West Northants Council Section 151 Officer	James Smith		james.smith@westnorthants.gov.uk	18/06/2026
Chief Executive Integrated Care Board	Toby Sanders		toby.sanders1@nhs.net	16/06/2026
NHS Place Director	Maria Laffan		m.laffan@nhs.net	16/06/2026

Executive Summary

A brief summary of your local system 'change story' – your local context, where you are now, where you want to get to in the next 3 years, how you know you are succeeding and how you will know you have achieved your vision for the next 3 years. Please include a brief qualitative summary. This summary should also include your assessment of current and forecast performance against the headline metrics.

Please structure your 'change story' using the following aims:

- *Build a 0-25 system where children and young people receive support to achieve and thrive through (a) more inclusive settings and (b) stronger local partnerships*
- *Improve capacity and capability of the mainstream and specialist workforce to identify and meet need*
- *Improve confidence of children, families, and stakeholders in reform and readiness of the system*
- *Stabilise finances and improve value for money*

.

West Northamptonshire's 0–25 SEND system has experienced sustained pressure from rising and increasingly complex need, leading to high demand for statutory assessments, variability in inclusion across settings, and significant financial strain. Over the past two years, the partnership has stabilised leadership and governance, strengthened co-production with families and young people, expanded specialist capacity (including inclusion bases), and improved data visibility. However, inclusive practice and early intervention are not yet consistent, demand for EHCPs continues to rise, and transitions and outcomes remain uneven.

Our ambition is to move from strengthened foundations to a consistently inclusive, outcomes-led system where early, needs-led support in local mainstream settings is the norm; specialist expertise is accessible early and equitably; families experience a system that is transparent and fair; and financial sustainability is restored.

1. Build a 0–25 system with inclusive settings and strong local partnerships

We will embed a partnership-wide Local Inclusion Support Offer (LISO) setting clear minimum expectations for ordinarily available provision and the graduated response in all phases of education. This will be supported by consistent transition standards and robust quality assurance. Stronger joint governance across the local partnership will ensure shared accountability, including the partnership commitment to jointly commission or align all future services.

Success will be demonstrated by a higher proportion of children with EHCPs educated in mainstream/inclusion bases (baseline 47.7% in 2025), fewer exclusions and placement breakdowns, reduced numbers of children with SEND not in education (baseline 328), and improved attendance.

2. Improve workforce capacity and capability

We will deploy a co-designed Experts at Hand model as an equitable front door to specialist advice (EP, SALT, OT, SEMH and outreach), shifting from individual referrals to group and setting-level support. Tiered workforce development and communities of practice will build mainstream confidence and capability.

Success will be demonstrated by increased access to specialist support for children without EHCPs (baseline 3,018), reduced escalation to statutory assessment, and improved stability at key transition points.

3. Improve confidence of children, families and stakeholders

Co-production will continue to be a golden thread. Our Parent Carer Forum and children and young people's voices will be embedded in governance, service design and evaluation, supported by clear "you said, we did" feedback loops. Dispute resolution and SENDIASS standards will be strengthened to resolve issues earlier.

4. Stabilise finances and improve value for money

Through early intervention, local sufficiency planning and disciplined joint commissioning, we will reduce reliance on high-cost independent and out-of-area placements (baseline 7% of EHCP cohort; £20.9m spend) and manage transport pressures (£13.1m). An outcomes framework will link spend to impact.

Success will be demonstrated by flattening demand growth relative to forecasts, increased local provision (inclusion bases rising from 305 to c.430), and a sustainable financial position.

Our 2028/29 vision

By 2028/29, West Northamptonshire will have a transparent, inclusive and financially sustainable SEND system where children and young people receive the right support early and close to home, families experience confidence and fairness, and partners share responsibility for improving outcomes and value for money.

Section 1 – Vision and Goals

1. **What the local area partnership is trying to achieve?**

   Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to:

   - Outcomes for children
   - Confidence of parents, carers and young people in the system
   - Management of finances to secure value for money

Our partnership's vision is that every child and young person with SEND achieves and thrives with the right help, in the right place, at the right time, through an inclusive, financially sustainable system shaped by lived experience, informed by the SEND JSNA and delivered through shared accountability across education, health and care.

By 2029, we want three outcomes: better inclusion and outcomes through a Universal Offer (Local Inclusion Support Offer) and shared inclusion standards; a more timely, transparent experience for families, underpinned by our Experts at Hand model, co-designed with families and settings, supported by Best Start/Family Hubs providing advice and "support while waiting," with equitable access; and more effective use of resources, with improved value for money and reduced reliance on out-of-area provision through stronger outreach, aligned AP and reintegration pathways, and robust sufficiency planning.

To deliver this, we will focus on four goals: increasing inclusion measured through improved attendance, fewer suspensions and exclusions, and stronger local placement capacity; improving the timeliness and quality of assessment, planning and support measured through our co-developed Experts at Hand dashboard, including CYP supported and onwards pathways; strengthening co-production, family confidence and clearer routes to help measured through our updated outcomes framework, including reduced referrals into specialist services; and improving financial sustainability through better use of partnership data, earlier intervention and more effective commissioning.

Progress will be tracked through indicators on inclusion, experience, timeliness, quality and value for money via the outcomes framework and dashboard.

2. Where the local area partnership expects to be in the next 3 years

A description of what your local system would look like in the next 3 years in line with the national vision set out in the Schools White Paper and set within the context of where you are starting from as a local system.

In particular, as commissioning system partners, you should reflect on and agree what your fully fledged **Experts At Hand Offer** model should be and how this will be deployed via mainstream settings and providers (including those not based in your area – e.g. further education colleges attended by your young people) to build their capacity as well as identify and meet the needs of children and young people earlier and without the need for a statutory assessment for Education, Health and Care.

To help you fully consider the scope and scale of change required, you may find it useful to structure your response using these 4 building blocks of an inclusive system, reflecting on what is working well in your system, what you are most worried about, what needs to change, and how the enablers will help you achieve your 3 year vision.

When summarising where your local area partnership currently is, please include an assessment of where you are in reference to the core minimum requirements above and how you bridge the gap, making reference to and attaching additional documents that provide underlying evidence for your summary.

Strengthening inclusion across education settings– organising places and provision to meet as many needs as possible, as close to home as possible, with all settings and providers moving towards a shared understanding and consistent practices around inclusion.

System leadership, local partnership collaboration and co-production – putting in place the enabling conditions across a local area that ensures planning and provision reflects the local area & is joined up, including strategic co-production with parent carers and children and young people.

Access to specialist support and local placements – improving collaboration between settings and deploying expertise from a range of specialist and expert sources, to support schools and settings to meet the needs of children and young people earlier and locally.

Encouraging inclusive culture & behaviours – using funding and shared accountability towards a system that works for children and families while achieving value for money.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Enablers *E.g.* *Capital – investment strategy across EY, mainstream, FE* *Workforce* *Data/digital systems*	West Northamptonshire's SEND partnership is in a developing phase: the system has moved from fragmented foundations to a more coherent, co-productive and increasingly data-led approach, but it is not yet delivering consistently good experiences and outcomes for all children, young people and families. **What is working well** Leadership, governance and shared ownership are stronger and more stable. The SEND & AP Partnership Improvement Board provides clearer joint accountability across education, health and care. This has supported a shift away from siloed problem-solving toward more transparent, collective ownership of system pressures and improvement. Co-production is a relative strength and increasingly embedded. West Northants Voices in Partnership (WNVP) are active within governance and workstreams, and the partnership uses multiple feedback routes (surveys, padlets and routine Board feedback) to inform decisions and agreed actions. Children and young people's participation is also beginning to strengthen through the Shadow Young People's SEND Board (48U), creating a	**Introduction** Over the next three years we will create a co-produced, outcomes-led local system in which mainstream inclusion and early intervention are the default. The strategy is designed to scale what works, change what is not working and reduce avoidable escalation into high-cost pathways, while improving stability, attendance, participation and preparation for adulthood. We will strengthen inclusion across education settings through a clear Local Inclusion Support Offer (LISO), inclusive practice standards and consistent transition standards, so that ordinarily available provision and the graduated response are understood and delivered consistently from 0–25. We will improve access to specialist support and local placements through Experts at Hand (EaH), needs-led sufficiency and place planning, inclusion base standards, and a joined-up early help and universal offer through Best Start Family Hubs and support while waiting. This will be underpinned by a clear operational delivery model with defined governance, workforce deployment, commissioning arrangements, programme controls and measurable outcomes. Delivery will be led through a partnership structure with named senior responsible leadership across education, health and care, supported by workstream leads that span across the building blocks. Each workstream will operate to an agreed delivery plan with milestones, risks, dependencies, resource assumptions and measurable outputs and outcomes.

	clearer pathway for CYP voice to influence decision-making. Inclusion has a clearer shared language and stronger foundations than previously. The introduction of the Inclusive Provision Toolkit (IPT) (West Northants OAP document) in May 2026 and refreshed SEND Ranges guidance has helped clarify expectations around reasonable adjustments, need and the graduated response, supporting greater confidence to meet needs without immediate escalation to statutory processes. Practice led developments, such as Therapeutic Thinking, enhanced pastoral approaches, specialist outreach, and the development of High Quality Alternative Resource Provision (HARPs), have created visible pockets of strong inclusive practice across the system. Fair Access and Managed Move arrangements are also being used more consistently to support reintegration and reduce reliance on exclusionary responses. Capacity, capability and system infrastructure have improved. The partnership has increased workforce capacity and strengthened operational capability through digital infrastructure, including a partnership dashboard and a new EHCP case management system, improving visibility of demand, performance and transitions. These developments support more evidence-led decision-making and prioritisation.	Workforce delivery will be based on a mixed model of redeployment, targeted recruitment, commissioned specialist input, training and grow-your-own development routes, recognising the constraints in nationally scarce professions. Annual workforce plans will set out the staffing model required to implement LISO, EaH and sufficiency growth, including assumptions about Educational Psychology, specialist teaching, Speech and Language Therapy, Occupational Therapy, SEMH expertise, outreach and leadership capacity. These plans will identify what can be delivered through existing capacity, what will require reprofiling or redesign, and where additional recruitment, secondment, commissioning or phased implementation are required. Joint commissioning arrangements will move beyond shared intent to formal commissioning decisions, service specifications, performance expectations and review points across the local authority, ICB and provider partners, so that investment is directed towards earlier intervention, local capacity and measurable impact. The programme will be delivered in phased sequence over three years. Year 1 will focus on design, mobilisation and baseline establishment; Year 2 on implementation and scaling; and Year 3 on consolidation, evaluation and sustainability. Progress will be monitored through a shared benefits and performance framework that tracks activity, timeliness, access, equity, quality, cost and outcomes for children and young people. Programme management and assurance arrangements will include a single partnership delivery plan, milestone tracking, workstream reporting, a live risk and issues log, benefits realisation monitoring and regular performance challenge through the SEND and AP governance structure. This will provide a stronger line of sight between strategic ambition, operational delivery and measurable impact.

	Specialist capacity and joint commissioning have progressed, even as demand rises. The partnership has expanded local specialist education capacity (including new special provision and growth in inclusion bases), strengthened joint commissioning between the local authority and ICB, and improved data sharing through shared needs analysis and governance. There is also movement toward earlier specialist input and clearer triage/prioritisation models intended to support earlier intervention and reduce pressure on statutory routes. **What needs to change (the key challenges to address)** Consistency of inclusive practice is the central gap. Although many settings demonstrate effective inclusive approaches, inclusion is not yet experienced consistently across phases, localities and settings. Confidence and capability vary; in some schools early intervention and a graduated response are embedded, while in others statutory assessment remains the default route to securing support, particularly for neurodivergent children and young people without a diagnosis. Closing this gap requires moving from pockets of strength to a systemwide baseline of minimum expectations that are routinely applied and quality assured. Demand for statutory assessment and specialist provision remains unsustainably high. Demand and complexity continue to rise at a pace that specialist capacity has not yet matched. EHCP numbers have increased significantly over the last two years, and	**Our three-year vision (to 2028/29)** By 2028/29, children and young people with SEND will thrive in local mainstream settings wherever that is the right provision, supported by consistent, high-quality inclusive practice and earlier, need-led specialist input. The partnership will operate as a joined-up system that is transparent, equitable and easier to navigate, where support is not dependent on a family's confidence or persistence, or on a setting's capacity to push for help. Decisions will be based on evidence of need, the impact of provision and the best use of local capacity, and the system will demonstrate clearer accountability for improving outcomes, reducing instability and securing value for money. **How we will deliver:** **1) Strengthening inclusion across education settings** By the end of year three we will have a partnership-signed Universal Offer through the Local Inclusion Support Offer that defines core minimum expectations for reasonable adjustments, ordinarily available provision and the graduated response across early years, schools, academies, colleges and post-16 services. LISO expectations will be embedded in school improvement conversations, setting self-evaluation, SEND reviews, commissioning specifications and performance reporting, so that inclusive practice is reinforced through the routine mechanisms of accountability rather than being treated as an additional initiative. A consistent graduated response toolkit and universal planning approach will support earlier, need-led planning and reduce unnecessary reliance on EHCP processes. Tiered workforce development will ensure that practitioners are confident in identifying and supporting SEND, including ASD-informed approaches, SEMH and trauma-informed practice, communication and sensory needs,

	while the proportion of children educated in mainstream (including units/resourced provision) has improved, this sits alongside rapid growth in overall demand. Reducing escalation will depend on strengthening universal and targeted support, including robust "support while waiting" for neurodevelopmental pathways and clearer routes to early specialist advice at group/setting level. Transitions remain a persistent risk point. Variability in transition planning, especially early years to school and primary to secondary, continues to affect stability and confidence, with inconsistent information sharing and planning quality. Strengthening transition protocols and accountability will be essential to prevent avoidable placement breakdown, attendance decline and escalation into specialist provision at key points. Outcomes and lived experience need to be more explicitly connected to performance management. While the partnership has improved its use of quantitative data and strengthened performance grip, the next step is to link performance measures more consistently to lived experience and qualitative outcomes, so progress is demonstrably felt by children and families and can be used to shape commissioning and service improvement. **Status of the system enablers (Culture, Data, Capacity/Capability)** Culture (strengthening, but not yet universal): The partnership has built a more open, trusting and	and the practical application of ordinarily available provision. Workforce deployment for this strand will be aligned to annual delivery assumptions, including what can be delivered through existing school improvement, specialist teaching, EPS and health capacity, and where additional commissioning, targeted recruitment or phased roll-out is required. We will implement partnership-wide transition standards at key points, including early years to school, primary to secondary, Key Stage 4 to post-16 and post-16 to adulthood. Earlier multi-agency planning will be in place for children and young people at risk of instability, with clearer information-sharing and handover arrangements across services. Neighbourhood plans and community services recovery planning will support locality-based pathways, advice and training so that universal and targeted support is more consistent across localities and better connected to education settings. Quality assurance will be strengthened through a robust audit and peer review model that identifies variation quickly and triggers targeted support. Monitoring for this workstream will include evidence of LISO implementation, confidence and capability of practitioners, consistency of inclusive practice, transition planning quality, and the extent to which early support is reducing escalation into statutory and high-cost pathways. **2) Access to specialist support and local placements** By the end of year three, Experts at Hand will operate as an equitable front door to timely specialist advice, coaching and short episodes of input, integrated with Family Hubs, Early Help and Family Help, health pathways and statutory SEND processes. EaH will sit within the Local Inclusion Support Offer and provide a clearer route for settings to access specialist support before statutory escalation is considered. It will bring together Educational Psychology, Speech and Language

	productive culture, with clearer shared ownership of SEND challenges. The next phase is to translate this into consistent behaviours and expectations across every setting and service, so that inclusion and early intervention are the norm rather than variable practice. Data (rapid improvement, moving from emerging to developing): Data maturity has improved through data-sharing arrangements, the partnership dashboard and implementation of the EHCP case management system, improving system visibility and supporting more consistent tracking of demand and transitions. The next step is strengthening the qualitative evidence base and integrating lived experience into routine performance reporting and evaluation. Capacity and capability (strengthened, but still constrained): Investment in workforce and operational infrastructure has increased capacity in some areas, supporting improvements in system management and delivery. However, support across the system remains disproportionately weighted towards specialist services, with limited early intervention and preventative offer available to settings and families at universal and targeted levels. This, combined with ongoing recruitment and retention pressures in key specialist roles and rising demand, continues to constrain the system. As a result, activity is frequently focused on responding to need at a more acute stage, rather than intervening earlier. The partnership therefore needs	Therapy, Occupational Therapy, SEMH expertise, specialist teachers and outreach support in a way that is timely, transparent, needs-led and aligned to shared service standards. EaH will operate through a tiered delivery model. At universal level, settings will access locality-based advice, training, drop-ins, SEND audits and SENCO support. At targeted level, settings will be able to access time-limited consultation, coaching, group-based support and specialist outreach through locality multi-disciplinary arrangements. At targeted plus and specialist level, children and young people with the most complex needs, or those at risk of placement breakdown, will be able to access more intensive support alongside statutory and placement pathways where required. The purpose of EaH is not simply to increase specialist access, but to strengthen the confidence and capability of mainstream settings so that need is met earlier and more effectively without creating long-term dependency on external professionals. We will publish clear access arrangements for EaH, including thresholds, referral routes, triage criteria, service standards and expected timescales. Access will be based on need and risk rather than on the confidence of a setting or the persistence of a family. Oversight of EaH will sit within wider SEND reform governance, supported by named leads, data sharing arrangements, a clear performance framework and routine monitoring of access, timeliness, activity, equity and impact. Specialist health contributions to EaH, including Speech and Language Therapy and Occupational Therapy, will be supported through formal joint commissioning arrangements that define contributions, service standards, data requirements, review points and dispute resolution routes. Alongside EaH, we will strengthen support while waiting and increase local provision through a planned approach to outreach, Alternative Provision, inclusion bases and sufficiency. AP and outreach will be

	to prioritise the development of a more balanced system, strengthening universal and targeted support across education, health and care, and enabling earlier identification and intervention while deploying scarce specialist expertise more sustainably through group and setting-level support and workforce development that builds mainstream capability. **Overall position** West Northamptonshire has created stronger conditions for sustainable reform, more stable leadership and governance, embedded co-production, improved data infrastructure and growing inclusive practice tools and capacity. The challenge now is to turn foundations into consistency: embedding minimum expectations for inclusive practice in every setting; strengthening early intervention and support while waiting; accelerating sufficiency solutions that reduce reliance on out-of-area and independent placements; and tightening the line of sight between performance data, lived experience and outcomes.	realigned to a clearer tiered model with stronger reintegration pathways and clearer expectations about purpose, duration and review. Inclusion bases will be developed against agreed standards, with planned place growth coordinated with schools, MATs and providers, making intelligent use of premises opportunities, including those created by falling rolls where appropriate. Sufficiency baselines and forecasts will inform medium-term place planning, linking decisions to outcomes, placement patterns, transport implications and local capacity. This strand will be delivered through annual workforce and commissioning plans that set out establishment, gaps, recruitment risks, commissioned capacity and contingency arrangements for scarce roles. Monitoring will include access to specialist support without an EHCP, timeliness of response, use of support while waiting, mainstream and local placement rates, AP and outreach patterns, independent and out-of-area placement use, travel impact assessments, attendance, stability and family experience. **3) System leadership, local partnership collaboration and co-production** By the end of year three we will have a clear governance and accountability framework that distinguishes strategic oversight, operational delivery and assurance. The SEND and AP Partnership Improvement Board will provide overall strategic leadership and hold partners to account for outcomes, delivery confidence, risk management and measurable impact. A named Senior Responsible Officer will retain accountability for the overall reform programme, supported by nominated senior leads across education, health and care with explicit responsibility for inclusion, EaH, sufficiency, workforce, commissioned services, data, quality assurance and co-production.

		Beneath partnership board level, each reform workstream will have a defined lead, delivery group and reporting cycle. These groups will maintain detailed implementation plans, manage dependencies, track milestones, identify delivery risks and escalate barriers promptly. Governance arrangements will make clear which decisions sit at workstream level, which require partnership board approval, and where formal local authority, ICB, Schools Forum or provider decision-making routes are required. This will ensure that delivery is not dependent on informal relationships or unclear ownership, and that accountability for progress and performance is explicit. Joint commissioning will be supported by formal partnership agreements that define priorities, contributions, service standards, information sharing, reporting expectations, review arrangements and escalation routes. Commissioning intentions will be reviewed annually against evidence of demand, access, outcomes, family experience and financial sustainability. This will support a shift from reactive purchasing towards planned investment in earlier intervention, local sufficiency, support while waiting and commissioned health contributions to EaH. Commissioned services will be expected to demonstrate measurable contribution to reduced escalation, improved timeliness, stronger mainstream capacity, better local provision and better use of public resources. A mapped workforce plan will support delivery across education and health. This will include the staffing model for LISO delivery, SEND support in mainstream settings, locality-based advice and training, outreach, inclusion base growth and specialist advice through EaH. The workforce plan will identify current establishment, vacancies, projected demand, recruitment risks, training requirements and contingency arrangements for scarce roles, and will set out how the partnership will use recruitment, secondment, role redesign, training placements, grow-your-own routes and commissioned provision to build sustainable capacity over time. Workforce deployment and

		performance will be reviewed at least annually alongside demand, activity and impact data so that resources can be adjusted as delivery evolves. Co-production will remain central to delivery. We will continue to strengthen engagement with children and young people, West Northants Voices in Partnership and SENDIASS, while improving mechanisms for involving seldom-heard groups and routinely demonstrating you said, we did changes. Co-production will inform the design, implementation and evaluation of LISO, EaH, sufficiency plans and wider reform priorities. Shared data dashboards will bring together education, health and care intelligence on activity, equity of access, waiting times, family experience, outcomes and value for money, so that the partnership can identify risks early, target improvement support and make better commissioning and investment decisions. **Delivery sequencing and milestones** The programme will be delivered in three phases. In Year 1, the partnership will establish governance, confirm baseline measures, agree workforce and commissioning plans, publish access arrangements and service standards, mobilise Experts at Hand and implement initial dashboard reporting. In Year 2, delivery will scale across localities, inclusion bases and outreach will expand in line with sufficiency priorities, LISO and transition standards will become embedded in routine practice, and data will be used actively to refine implementation. In Year 3, the partnership will consolidate and evaluate impact, adjust commissioning and workforce models in light of evidence, embed sustainable pathways and demonstrate measurable improvements in inclusion, access, stability, outcomes and value for money.

		4) Encouraging inclusive culture and behaviours Our strategy will only succeed if inclusive culture and behaviours are embedded consistently across education, health and care. We will therefore communicate a clear shared narrative that inclusion, earlier help and equitable access are core expectations across the partnership, reinforced through leadership modelling, practice standards, workforce development, commissioning expectations and performance accountability. Families should experience a system that is easier to navigate, where support is not dependent on persistence or conflict and where professionals work together more consistently around the child or young person. We will strengthen early dispute resolution, improve confidence in advice and support pathways and monitor whether families experience the system as more transparent, more responsive and less adversarial. Support maps, clear pathway information and support while waiting resources will continue to be used to reduce escalation and promote stability while children and young people access assessment and intervention. We will also link commissioning and financial discipline more explicitly to outcomes, so that investment decisions are based on evidence of impact and contribute to long-term sustainability. The partnership will monitor impact through a defined outcomes and benefits framework with baseline, trajectory and review points. Measures will include access to specialist advice and support without an EHCP; timeliness of triage, advice and intervention through EaH; rates of EHC needs assessment requests relative to population trends; the proportion of children and young people supported in mainstream and local provision; use of AP, inclusion bases, independent placements and out-of-area placements and associated travel impact; attendance, suspension, exclusion risk and placement stability; waiting times and use of support while waiting; family and

		young person feedback on navigating the system; workforce capacity, vacancy and training completion data; and spend, transport impact and value-for-money indicators linked to reform investment. These measures will be reviewed routinely through the partnership dashboard and used not only for assurance, but to drive improvement, commissioning decisions and resource prioritisation. **What will be different for children, young people and families** Children, young people and families should experience earlier help without having to fight for support. There will be a clear and well-publicised Universal Offer so that families know what support mainstream settings should provide as standard, and faster access to advice and early intervention through Experts at Hand, Family Hubs and support while waiting arrangements. Families should have to repeat their story less often because information flow and handovers will be better organised, particularly at key transition points. More support will be available closer to home. More needs will be met in local mainstream settings through improved inclusive practice, outreach and targeted support, and reliance on independent and out-of-area placements should reduce over time as local sufficiency improves. Children and young people should experience greater stability, earlier multi-agency planning when there is a risk of breakdown, clearer routes into and out of Alternative Provision and more purposeful reintegration planning where this is the right route. The system should listen and learn. Co-production will be routine, with families and young people able to see tangible changes made in response to their feedback. Disputes should be resolved earlier, confidence in advice and support services should improve and transparent reporting should show how resources are being translated into better outcomes. Transitions should be smoother and preparation for adulthood stronger, with clearer post-16 pathways and better

<table>
<tr>
<td></td>
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<td>support for education, training, employment, independence and community participation.

By 2028/29 we will have an integrated, innovative and financially viable local system that is tilted towards greater mainstream inclusion and earlier intervention. Experts at Hand will function as the partnership's routine front door to expertise and as a driver of mainstream capacity. Through strong governance, co-production, disciplined programme assurance, realistic workforce planning, formal joint commissioning and a clear focus on measurable impact, the partnership will sustain improvement and continue refining the system based on evidence and lived experience.</td>
</tr>
<tr>
<td>Success measures
Drawing on metrics from the accompanying data template E.g.
Improve attendance of pupils in all maintained schools (mainstream and special) with SEN
Reduce reliance on independent special school places
Mainstream settings with increased access to Education Psychologists/SaLT/OT
Reduced NEET rates for SEND YP at age 16</td>
<td>Baseline

(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)

Demand and Statutory Escalation

<table>
<tr><th>Success Measure</th><th>Baseline (2025)</th></tr>
<tr><td>No. Of EHCNA requests per year</td><td>1375</td></tr>
<tr><td>No. Of EHCPs</td><td>5341</td></tr>
</table>
</td>
<td>Target Metrics
(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)

For detailed target metrics refer to 002. Reform Plan Data Template March 2026 with assumptions</td>
</tr>
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West Northamptonshire Approach:
We will track a small set of headline measures that act as effective proxies for our vision and are sensitive to change over the three-year period. Baselines will be confirmed in the Reform Plan data template; we will publish annual trajectories and provide quarterly reporting through the partnership dashboard.

Demand and statutory escalation

- EHC needs assessment requests and EHC needs assessments reduce relative to forecast population growth.
- A lower proportion of EHC needs assessments result in an EHCP (stronger universal/targeted offer reduces statutory dependence).

Inclusion, participation and stability

- A higher proportion of

Inclusion Participation and Stability

Success Measure	Baseline (2025)
% Of CYP with an EHCP educated in a mainstream setting (including inclusion base)	47.7%
Maintain suspensions/exclusions, numbers of children and young people with SEND which tracks below statistical neighbours and national figures	0.14 per 100
Maintain severe persistent absence rate for CYP with SEN/EHCP which tracks below statistical neighbours and national rates	2.5%

Specialist Support and waiting pressures

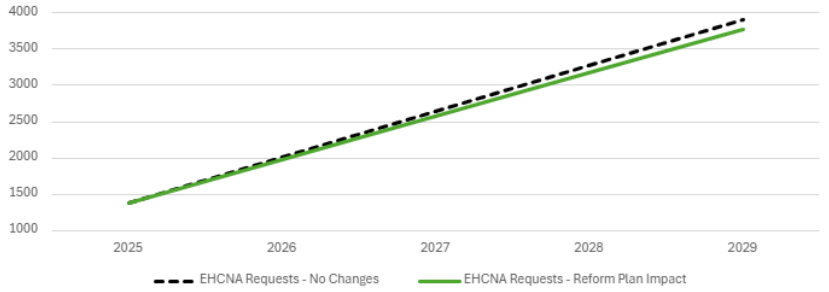
1. There will be a 5% reduction in the growth of EHCNA requests

SEND Reform Plans - Impacts of Change

	Current	Forecast Data			
	2025	2026	2027	2028	2029
EHCNA Requests - No Changes	1375	2007	2639	3271	3,903
EHCNA Requests - Reform Plan Impact	1375	1975	2576	3176	3,777

Table 10 - Number of EHCNA requests

Reform Plan Action- 5% reduction

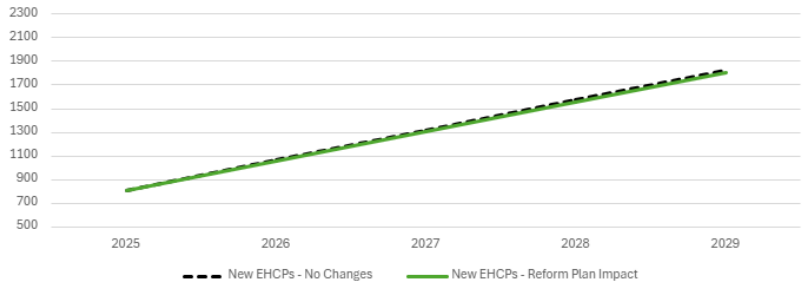


2. There will be a 2.2% reduction in the growth of new EHCPs

	Current	Forecast Data			
	2025	2026	2027	2028	2029
New EHCPs - No Changes	808	1063	1318	1573	1,828
New EHCPs - Reform Plan Impact	808	1057	1307	1556	1,806

Table 12 - Number of EHCNAs that result in EHCP

Reform Plan Action- 2.2% reduction



CYP with SEND/EHCP are educated in mainstream and inclusion base provision.
- Reduced exclusions/suspensions and fewer placement breakdowns for pupils with SEND.
- Reduced numbers of CYP with SEND not in education and reduced elective home education relative to forecast growth.

Specialist support and waiting pressures

- Increased numbers of CYP without EHCP or specialist placement accessing SALT, OT and EP input through EaH and group/cohort offers.
- Reduced proportion of CYP educated in independent specialist provision and reduced high-needs expenditure on high-cost placements.
- Reduced SEN

Success Measure	**Baseline (25/26)**
No. Of CYP without EHCP accessing specialist support (EP/OT/SALT)	3018
SEND transport expenditure	£13,109 (24/25)
% Of CYP with an EHCP in independent specialist provisions	7%
Expenditure on independent placements	£20,878
Places in inclusion bases	305

Trust, co-production and system maturity

Success measure	**Baseline (2025)**
Proportion of appeals to tribunals	9.17%
WNVP Annual survey	No current data so cannot

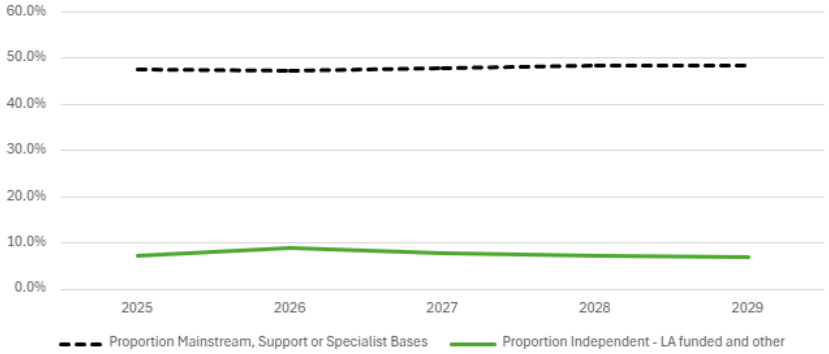
3. There will be an increase in the proportion of CYP with EHCPs attending mainstream provision

4. There will be in decrease in the proportion of CYP with EHCPs attending independent specialist provisions

These combined will lead to a reduction in costs on independent placements and a reduction in travel expenses as CYP are placed in provision more local to their home.

	Current	Forecast Data			
	2025	**2026**	**2027**	**2028**	**2029**
Mainstream, Support or Specialist Bases	2547	2867	3237	3654	4061
Independent - LA funded and other	392	534	528	543	592
Proportion Mainstream, Support or Specialist Bases	47.7%	47.4%	48.0%	48.5%	48.6%
Proportion Independent - LA funded and other	7.3%	8.8%	7.8%	7.2%	7.1%

Table 6 - Proportion of EHCP by ProvisionReform Plan Action - 2.8% move from Independant to MainstreamReform Plan Action - Addition of Support Bases from 2028



transport expenditure through more local placements and travel mitigations.
- Inclusion base capacity increases across phases in line with demographic need.

Trust, co-production and system maturity

- Reduced proportion of appeals to tribunal.
- Improved lived experience measures for families and CYP from WNVP annual survey

Preparation for Adulthood

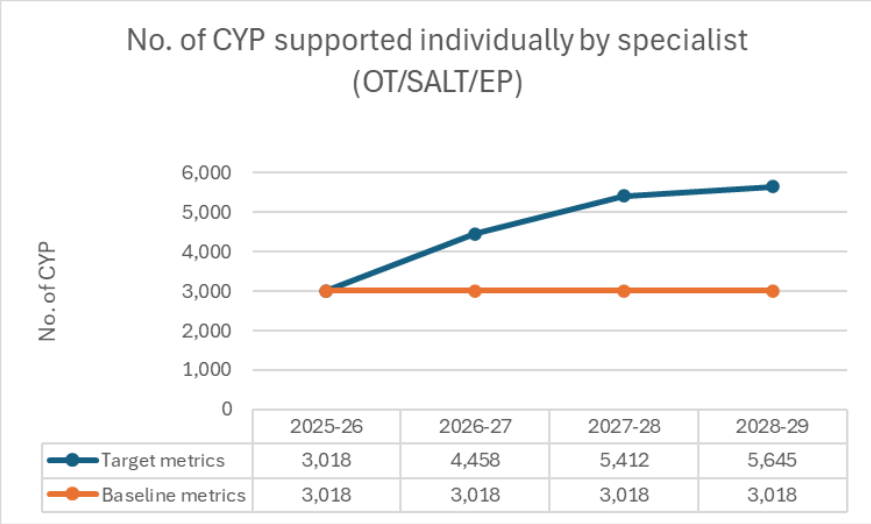
- Reduced NEET rates for SEND young people at 16+

	provide trajectory – will be part of data development in SEND Reform implementation

reparation for adulthood

Success measure	**Baseline (2025)**
No. of YP with SEND who are NEET	248

5. There will be an increase in the number of CYP without EHCPs who are able to access individual support from specialist services (OT/SALT/EP)



All of the target metrics below are for the year 2028-29

Demand and Statutory Escalation

Success Measure	**With no reforms**	**Target**
No. Of EHCNA requests per year	3903	3777
Total no. Of EHCPs	7568	7531

Inclusion Participation and Stability

Success Measure	**With no reforms**	**Target**
% Of CYP with an EHCP educated in a mainstream setting (including inclusion base)	47.6%	48.5%
Maintain suspensions/exclusions, numbers of children and young people with SEND which tracks below statistical neighbours and national figures	0.14 per 100	<0.14 per 100
Maintain severe persistent absence rate for CYP with SEN/EHCP which tracks below statistical neighbours and national rates	2.5%	<2.5%

Specialist Support and waiting pressures

Success Measure	**With no reforms**	**Target**
No. Of CYP without EHCP accessing specialist support (EP/OT/SALT)	3018	5645
SEND transport expenditure	Not available	£20546
% Of CYP with an EHCP in independent specialist provisions	7.3%	7.1%
Expenditure on independent placements	£90,714 (27/28)	£55181 (27/28)
Places in inclusion bases	885	>885

Trust, co-production and system maturity

Success measure	**Target**
Proportion of appeals to tribunals	No current data so cannot provide trajectory – will be part of data development in SEND Reform implementation
WNVP Annual survey	No current data so cannot provide trajectory – will be part of data development in SEND Reform implementation

		Preparation for adulthood **Success measure** / **Target** No. of YP with SEND who are NEET / <390

3. **What is the local area partnership's strategy for delivering on the above?**

A brief summary of your local system's theory of change or reform strategy. Reflect on the output of your **Local Partnership Maturity Assessment Tool**, particularly your *Local System 'change story.'*

Over the next three years, West Northamptonshire's local area partnership will deliver the DfE SEND Reform Plan ambition by creating a system that is early, local, effective, shared and fair for children, young people and families. Our theory of change recognises that sustainable improvement will only be achieved if needs are identified and addressed early, support is routinely available close to home, responsibility for inclusion is genuinely shared across education, health and care, and families experience consistent and fair access to help regardless of setting or locality.

The Local Partnership Maturity Assessment shows a developing system. Strengthened joint governance, improving data capability and a strong culture of co-production provide a solid platform. However, inclusive practice and early intervention are not yet consistent across all settings; demand for statutory assessment and specialist provision remains high; and transitions continue to expose children and families to avoidable risk. Our reform strategy therefore focuses on turning strengthened foundations into consistent, day-to-day practice that is felt by families.

We will embed a co-produced Local Inclusion Support Offer making early, effective support the norm in mainstream settings and removes unnecessary dependence on diagnosis or EHCPs. Specialist expertise will be accessed early through a local Experts at Hand approach, providing timely, high-quality advice that builds confidence and capability where children learn. "Support while waiting" and improved transition planning will ensure continuity and fairness at key points in a child's journey.

Delivery will be underpinned by shared leadership, joint commissioning and an Outcomes Framework that links performance data to lived experience, ensuring accountability and continuous improvement across the whole system.

4. **Please upload a completed copy of the Local Partnership Maturity Assessment Tool.**
   003. The Local Partnership Maturity Assessment tool Final.xlsx

5. **What is the local area partnership roadmap for the next 3 years?**
   Reflecting on the broad timescales and expectation for deliverables set out in the Schools White Paper, key documents and core minimum requirements set out in this document, please provide a high-level roadmap for the next 3 years. Please highlight key milestones and a trajectory to the target metrics identified above, including leading indicators.

   In the 2026-27 column, in particular, please reference how you plan to meet the core minimum requirements in your narrative, including details and evidence in supporting documents.

   You can insert or upload supporting documents including graphics/visuals that illustrate your data trajectory.

   To be read in conjunction with attached documents:

   004. Section 2 question 5 Detailed 3 year roadmap

   005 Section 2 Question 5 One page visual roadmap

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
1. Strengthening inclusion across education settings	**Focus** Mobilise an agreed Local Inclusion Support Offer (LISO), inclusive practice standards and transition expectations. **Summary of work** • Co-produce, approve and publish the LISO, universal offer and inclusive practice standards. • Baseline inclusion, transitions, attendance, suspensions/exclusions, support without EHCP, setting confidence and family experience. • Publish transition standards from early years through post-16/adulthood. • Establish quality assurance through audits, peer review, moderation and targeted support. • Launch engagement plan across schools, MATs, early years, FE, families and CYP. • Begin early years sufficiency/identification review and post-16 pathway development.	**Focus** Implement and embed the LISO and transition standards consistently across localities and phases. **Summary of work** • Use LISO in school improvement, SEND reviews, commissioning and performance reporting. • Implement transition standards and report on timeliness, continuity and family experience. • Run communities of practice, peer networks and targeted improvement support. • Strengthen early years identification/intervention through Best Start/Family Hubs and locality pathways. • Develop stronger post-16 pathways, including employment, supported internships and oversight of out-of-area mainstream FE. Embed formal engagement routes with providers, CYP and parents/carers.	**Focus** Consolidate the LISO as business as usual and sustain consistent inclusion from early identification to adulthood. **Summary of work** • Refresh the LISO and universal offer using outcomes, QA findings, co-production and lived experience. • Evidence consistent application of inclusion standards across early years, schools and post-16. • Embed mainstream inclusion capacity and prevention of avoidable escalation. Operate early years, school and post-16 arrangements as one coherent inclusion pathway.

	Deliver first phase of workforce and leadership development for inclusive practice.		
2. Access to specialist support and local placements	**Focus** Mobilise Experts at Hand (EaH), align outreach/AP/support-while-waiting and plan local specialist capacity growth. **Summary of work** • Confirm EaH model, commissioning arrangements, service specifications and review points. • Complete pathway mapping, demand analysis and locality deep dives across EP, therapies, specialist teaching, AP, outreach and inclusion bases. • Design and publish the EaH operating model, tiered offer, access route, triage process and response expectations. • Clarify each profession's contribution and publish support-while-waiting/navigation arrangements. • Complete sufficiency analysis across outreach, AP, inclusion bases, external placements, reintegration and travel patterns. • Approve outreach/AP operating model and recommissioning	**Focus** Implement EaH and outreach across all localities and deliver planned sufficiency and capital expansion. **Summary of work** • Run EaH in every locality with routine reporting on access, timeliness, equity and impact. • Embed standardised triage/referral across education, Family Help and relevant NHS pathways. • Refine the model using pilot learning and stronger integration with therapy pathways. • Deliver specialist outreach and AP outreach as part of the targeted support pathway. • Expand specialist inclusion-base, early years and post-16 places in line with the agreed trajectory. • Review capital delivery for value for money, locality need, rurality and travel implications.	**Focus** Sustain one coherent local pathway linking EaH, outreach, AP and specialist places. **Summary of work** • Embed EaH as the routine front door to expertise within the LISO and linked systems. • Operate outreach, inclusion bases, AP outreach and EaH as one universal/targeted pathway across phases and localities. • Refresh sufficiency forecasts, capital strategy, travel analysis and implementation pipeline. • Demonstrate improved local sufficiency, placement stability, reintegration and reduced avoidable external or long-distance placements. • Maintain clear visual communication of pathways and available support.

	approach aligned to the tiered pathway. • Refresh capital strategy and specialist inclusion base development plan, including growth trajectory and travel impact assessments.		
3. System leadership, local partnership collaboration and co-production	**Focus** Put in place clear governance, programme discipline, shared data and formal co-production. **Summary of work** • Refresh SEND & AP Board governance, representation, decision rights and escalation routes. • Confirm SRO, workstream leads, RACI, integrated programme plan and Year 1 risk/dependency log. • Launch the co-produced SEND and Inclusion Strategy and align delivery plans to it. • Introduce monthly integrated reporting on finance, delivery, risks, outcomes, lived experience and equity. • Start partnership maturity reviews and track actions from the maturity assessment and local change story. • Formalise co-production with WNVP, 48U, SENDIASS and	**Focus** Use governance, commissioning and co-production to drive improvement and benefits realisation. **Summary of work** • Use the outcomes framework routinely for prioritisation, challenge, commissioning and benefits tracking. • Review contracts and partnership agreements against outcomes and lived experience. • Embed co-production in service design, annual refresh decisions and public “you said, we did” reporting. • Complete maturity review and track actions through governance. • Review mediation/dispute data routinely and take corrective action where needed.	**Focus** Move from programme governance to embedded business-as-usual assurance with clear accountability. **Summary of work** • Embed annual refresh and ongoing accountability arrangements within BAU governance. • Maintain a clear line from investment to activity, outcomes and lived experience. • Sustain governance, data, co-production and dispute resolution as routine practice. • Keep shared decision-making with education, health and families visible in challenge and public reporting.

	seldom-heard engagement routes. • Define early dispute resolution/mediation pathways and related measures.	• Monitor strategic risks and dependencies linked to wider reforms.	
4. Encouraging inclusive culture and behaviours	**Focus** Set clear expectations for inclusion, early help and equitable access across the partnership. **Summary of work** • Agree and communicate a shared partnership narrative on inclusion, earlier intervention, equity and collective responsibility. • Launch communities of practice, coaching, peer challenge and targeted improvement support linked to LISO, EaH and outreach. • Publish regular "you said, we did" communications for families, providers and CYP. • Build equity checks into referral, triage, access and decision-making arrangements. • Deliver leadership development across education, health and family help. • Set expectations for prevention, reintegration and partnership working. • Establish the Local Inclusion System Leadership/Reference	**Focus** Deepen and spread inclusive leadership, peer support and consistent practice across localities. **Summary of work** • Reinforce expectations through guidance, training, dashboards, peer challenge and leadership networks. • Strengthen reintegration culture through AP/outreach practice and locality feedback loops. • Spread effective practice and target support to less engaged settings, services and families. • Use co-produced case studies to show impact on outcomes and experience. • Embed a communication strategy and peer coaching model through the leadership reference group.	**Focus** Sustain inclusive culture and leadership as business as usual across the partnership. **Summary of work** • Evidence inclusive culture through improved family experience, stronger mainstream confidence and reduced escalation. • Maintain annual refresh and communication cycles to support trust, transparency and improvement. • Embed inclusive leadership and reflective practice across the partnership, supported by the Leadership Reference Group.

	Group and recruit through expressions of interest.		
SEND Reform Success Measures Trajectories **Where data is not currently routinely collected or reported, it is stated the data set/reporting will be developed or completed.** **1. Strengthening inclusion across education settings**			
Success Measure	2026/2027	2027/2028	2028/2029
Baseline dashboard completed in 2026/27 and annual trajectories agreed and reported quarterly for inclusion, attendance, escalation, transitions and lived experience.	Completed	N/A	N/A
Increase in the proportion of children and young people with EHCPs educated in mainstream and inclusion base provision from the 2025 baseline of 47.7%.	47.4%	48.0%	48.5%
Increase in CYP who have access to support from OT/SALT/EP without an EHCP from a baseline of 3018 in 2025/26	4458	5412	5645
Reduction in % change increase in EHC needs assessment requests each year from baseline of 44% from 25 to 26	30%	23%	19%
Reduction in the proportion of EHC assessments requests	53.5%	50.7%	49.0%

that result in an EHCP relative to forecast demand from a baseline of 58.8% in 2025			
Maintain suspensions/exclusions, numbers of children and young people with SEND which tracks below statistical neighbours and national figures	<0.14 per 100	<0.14 per 100	<0.14 per 100
Maintain severe persistent absence rate for CYP with SEN/EHCP which tracks below statistical neighbours and national rates	<2.5%	<2.5%	<2.5%
Improved transition timeliness, information-sharing and family experience across EY to Primary, Primary to Secondary, KS4 to Post-16 and Post-16 to adulthood, evidenced through QA, audit and feedback.	This will be baselined within this year.	N/A	N/A
Reduced variation in inclusive practice, attendance and escalation between localities, phases and need types, with improved leader/practitioner confidence and family confidence in mainstream inclusion.	This will be baselined within this year using the developed Inclusion dashboard.	N/A	N/A

SEND Reform Success Measures Trajectories

2. Access to specialist support and local placements

Success measure	2026/27	2027/28	2028/29
Published response times, triage standards and equity checks for Experts at Hand (EaH), with routine reporting showing improved access and waiting times across EP, SaLT, OT, SEMH and outreach pathways.	Development of Dashboard	Baseline data recorded	N/A
Increase in the number of CYP without an EHCP accessing specialist advice/support through EaH and group/cohort offers from the 2025/26 baseline of 3,018, with reduced reliance on referral to higher-cost pathways where needs can be met earlier.	4458	5412	5645
Reduction in waiting times for priority specialist inputs and improved access to visible support-while-waiting arrangements through Family Hubs/Best Start and locality pathways.	Development of Dashboard.	Baseline data recorded.	N/A
Alternative Provision is used more purposefully and for shorter periods, with improved reintegration rates, fewer repeat AP placements and	AP Capacity Dashboard developed	Baseline Data recorded	N/A

fewer placement breakdowns/emergency moves.			
Reduction in the proportion of CYP with EHCPs educated in independent specialist provision (baseline 7.3%), reduction in out-of-area placements and associated travel burden/transport spend shown by a decrease in % rise each year, and improved local placement stability.	8.8% in NMSS/independent or other suitable arrangements; 18% increase in transport costs from previous year.	7.8% in NMSS/independent or other suitable arrangements; 13% increase in transport costs from previous year.	7.2% in NMSS/independent or other suitable arrangements; 13% increase in transport costs from previous year.
Specialist inclusion base growth delivered in line with the agreed trajectory: 305 baseline	367 specialist-base EHCP placements	395 specialist-base EHCP placements	430 specialist-base EHCP placements

SEND Reform Success Measures Trajectories **3. System leadership, local partnership collaboration and co-production**			
Success measure	**2026/27**	**2027/28**	**2028/29**
Governance, programme management and commissioning documentation approved and operating in Year 1, with board cadence achieved, action tracking in	Completed	Baseline data recorded	N/A

place and routine escalation of risks/dependencies.			
Monthly integrated dashboard established with agreed data definitions and routine reporting on delivery, finance, outcomes, timeliness, equity and lived experience; data quality and completeness improve year on year.	Integrated Dashboard completed.	Baseline data recorded and trajectories planned.	N/A
Co-production benchmark adopted and self-assessment completed in Year 1, with evidence that parent/carer and CYP voice influences decisions through published “you said, we did” reporting.	Completed	N/A	N/A
Improved dispute resolution performance, including faster mediation/early resolution, improved SENDIASS confidence and a reduction in the proportion of appeals to tribunal from the 2025 baseline of 9.17%.	9.17%	9.17%	9.17%
Partnership maturity reviews show improved shared accountability, commissioning discipline and evidence that governance decisions are informed by outcomes, equity analysis and value for money.	Data reporting	Data reporting	Data reporting

Workforce capacity indicators are tracked and improve over time, including vacancy and turnover rates, time to recruit, agency/commissioned dependency, training uptake/completion and deployment of scarce specialist capacity.	EP workforce: 20.40 FTE; SALT workforce: 24.12 FTE; OT workforce 8.67 FTE	EP workforce: 24.93 FTE; SALT workforce: 29 FTE; OT workforce 10.76FTE	EP workforce: 26.04 FTE; SALT workforce: 30.19 FTE; OT workforce 11.27 FTE

SEND Reform Success Measures Trajectories

4. Encouraging inclusive culture and behaviours

Success measure	2026/27	2027/28	2028/29
Baseline and annual measures agreed for leader/practitioner confidence, family confidence, equity of access and reintegration culture, with communication and feedback loops operating in every locality/workstream.	Measures agreed	Baseline Data reported	N/A
Improvement in family and CYP lived experience through WNVP/48U feedback, with stronger confidence that the system is easy to navigate, fair and responsive.	Baseline data reported through updated outcomes framework	N/A	N/A
Reintegration culture strengthens over time,	Exclusion Data for SEND:		

evidenced by improved AP reintegration outcomes, fewer exclusions, fewer avoidable placement breakdowns and stronger attendance/stability measures.	Attendance Data for SEND:		
Preparation for adulthood outcomes improve, including reduced proportion of CYP EHCP's NEET figures from the 2025 baseline of 21.3% and improved participation in education, employment, training and supported internships.	EHCP NEET: 21.3%	EHCP NEET: 21.2%	EHCP NEET: 21.3%
Evidence from QA, workforce evaluation and performance reporting shows that culture change is contributing to reduced escalation to statutory pathways, stronger mainstream confidence and better outcomes.	Data Dashboard to be developed alongside outcomes framework	Baseline Data reported	N/A
Baseline and annual measures agreed for leader/practitioner confidence, family confidence, equity of access and reintegration culture, with communication and feedback loops operating in every locality/workstream.	Measures agreed	Baseline Data reported	N/A

Notes on trajectory mapping

- Calendar-year figures in the data template have been mapped to the corresponding roadmap years 2026/27, 2027/28 and 2028/29.
- For the mainstream inclusion measure, the trajectory has been calculated as: Mainstream schools or academies + specialist bases in mainstream settings, divided by the total EHCP cohort.
- For the EHCP demand measure, the table shows EHCNA request volumes alongside the percentage of requests resulting in an EHCP.
- For the independent/out-of-area proxy, the table uses NMSS or independent schools (LA funded) plus NMSS or independent schools - other suitable arrangements.
- Where only partial workforce/capacity data was available (for example EP workforce/support volumes), the table shows the available data and leaves the rest blank.

004. Section 2 question 5 Detailed 3 Year Road Map.docx

005. Section 2 Question 5 One page visual of 3 year roadmap.pptx

6. **What will the local area partnership deliver in the first year?**

Please outline the key workstreams, milestones and trajectory your local area partnership will deliver and achieve in 2026-27 as well as how you plan to spend the investment allocation that will help fund this year's delivery. Please share key milestones and anticipated dates, success measures, cost breakdown and category. These should incorporate the core minimum requirements, be mapped to the building blocks above and should reflect a more detailed trajectory to the narrative, milestones and target metrics outlined in the 2026-27 column above.

To be read in conjunction with attached documents:

006. Section 2 Question 6 SEND Reform plan Year 1 delivery.

007. Section 2 question 6 SEND reform finance plan and staffing model

2026-27 Local delivery plan		**Q2 – June-Sept**		**Q3 Oct- Dec**		**Q4 – Jan-March**	
Workstream outline – mapped to building block	***Responsible lead per workstream*** –	***Milestones per workstream*** *What key milestones*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you*	***Target trajectory per workstream***	***Milestones per workstream*** *What key milestones will enable you achieve*	***Target trajectory per workstream***

Outcome - *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	*accountable for the delivery of the workstream and the identified outcome.*	*will enable you achieve your targeted trajectory*		*achieve your targeted trajectory*	*Where do you expect your data to be?*	*your targeted trajectory*	*Where do you expect your data to be?*
Workstream 1: Inclusive practice, LISO and mainstream readiness Purpose: To oversee delivery of the Local Inclusion Support Offer (LISO), inclusive practice standards, universal and graduated response, transition standards and mainstream		Approve a workstream PID, Terms of Reference, membership, reporting route and first-year delivery plan. Map current inclusion tools and guidance (Inclusive Provision Toolkit, SEND Ranges, Fair Access, Managed Moves and	Mobilisation and design: governance, ToR, PID, mapping, baseline, draft LISO, draft transition standards, engagement plan and workforce development outline agreed.	Carry out consultation/co-production on the LISO and secure governance sign-off. Publish or pre-publish an aligned guidance pack linking the LISO to existing frameworks and routes. Agree shared inclusion practice standards and pilot the QA	LISO signed off; guidance pack prepared; QA pilot and learning loops live; baseline awareness recorded.	Support early adoption of the LISO in pilot settings and gather fidelity and barrier information. Run the first QA cycle for pilot settings and coordinate targeted improvement support. Refine transition standards following pilot learning and	Pilot fidelity and QA results captured; post-16 pathways documented; Year 2 rollout plan agreed.

workforce capability so that inclusive practice becomes the default across early years, schools, colleges and post-16 pathways. Success Measures: Baseline dashboard completed and signed off in 2026/27, with annual trajectories agreed for inclusion, attendance, escalation, transitions and lived experience. LISO/universal offer formally published and		AP framework links) and complete a gap/duplication analysis. Sufficiency data used to inform LISO including age, locality, SEND need, waiting lists. Draft the LISO structure, consultation plan and engagement schedule across early years, schools, MATs, FE, health and parent/carer representatives.		model (audit/peer review/SEND review) in a priority cohort. Launch initial workforce development modules and establish communities of practice/learning loops. Pilot transition standards in priority phases/localities, including strengthened EY to Primary pathways		finalise the Year 2 expansion plan. Clarify post-16 pathways into and out of settings and pilot information-sharing expectations with named FE links.	

adopted across the partnership. QA cycle operational with pilot audits/peer review and targeted improvement support live in priority cohorts/localities. Transition standards piloted with feedback and Year 2 implementation plan agreed. Measures begin to be tracked for EHCP mainstream/inclusion-base participation, attendance, exclusions, CYP not in education,		Map current early intervention and workforce development offers; define the tiered training pathway for universal, targeted, targeted plus and specialist support. This work will include the transformation work in Health regarding the SLCN pathway, and ASD/ADHD support pre-, during and after diagnosis, and the expansion of PINS. Produce a draft transition					

and support without EHCP.		standards framework covering EY–Primary, Primary–Secondary, KS4–Post-16 and preparation for adulthood.					
Workstream 2: Experts at Hand and Specialist Support Pathway Purpose: To design, mobilise and monitor the equitable front door to specialist support, including triage, thresholds, response standards, multidisciplinary contributions and support-while-waiting arrangements	Head of SEND and Assistant Director of Children's Specialist Services, NHFT	Approve a workstream PID, Terms of Reference, membership and governance route. Run co-design sessions with schools, MATs, early years, FE, PCF, SENDIASS and CYP to map user journeys and pain points.	Co-design sessions complete; user journeys agreed; support-while-waiting offer mapped.	Use sufficiency data, early years analysis and co-production feedback to agree the EaH delivery approach and rationale for a locality-based LA-led model with commissioned elements. Draft and agree the MOU/SLA for commissioning SALT and OT covering service standards, data	Model and MOU agreed; pathways and prioritisation rules documented; SPA/triage set up; recruitment underway.	Develop AP and outreach alignment proposals including a recommissioning route map and reintegration expectations. Launch the pilot in one locality/access point through a Family Hub and linked settings with defined response times. Introduce group-based interventions and advice clinics, including parent	Pilot locality live; dashboard reporting in place; evaluation completed with Year 2 recommendations.

aligned to local inclusion reform. Success Measures: Published EaH response times, triage standards and equity checks, with routine reporting capability in place. Baseline data recorded for access, waiting times, activity, throughput, equity of access and support without EHCP. Minimum professional inputs and pathways defined for EP, SaLT, OT,		Include in this SEND sufficiency data to inform locality specific models (e.g. age, locality, SEND area of need). This data will be overlapped with Health data regarding waiting lists, locality, ages. Co-design will incorporate Health transformation activities e.g. redesign of ASD/ADHD pathways. NHFT review of SLCN pathway and support to realign offers across all areas i.e.		sharing and performance assurance. Confirm minimum professional inputs and prioritisation rules across EP, outreach, SaLT, OT and SEMH. Agree cross-border/post-16 arrangements, recruit priority roles, and set up the single point of access/triage and data collection processes.		programmes, via hubs/settings. Implement dashboard reporting and a stakeholder feedback cycle, then complete a formal Year 1 evaluation and model refinement.	

outreach, SEMH and integration with hubs and existing services. Pilot locality model launched with dashboard reporting and stakeholder feedback loop. Evaluation completed to refine Year 2 scale-up, including workforce, commissioning and AP/outreach alignment.		universal support for settings, individual therapeutic support, Section F team. Agree how EaH enhances existing routes (IIST, HARPs, Early Help/Family Help, MHST and others) and define integration points. Map the role of Family Hubs and collate support-while-waiting offers, linking them to Workstream 1's LISO and					

		universal offer activity.					
Workstream 3: Sufficiency, Outreach, AP and Local Placements Purpose: To oversee local sufficiency planning, specialist outreach, AP outreach and recommissioning, specialist inclusion bases, capital delivery and placement pathways so that more children and young people can be supported locally with reduced reliance	Assistant Director of Education and Inclusion and Education Commissioning Manager	Approve a workstream PID, Terms of Reference, membership and reporting route. Compile placement, cost and transport data and agree forecast methodology including EHCP demand drivers. Start early years 0–5 sufficiency scoping, including	Forecast methodology and baselines agreed; locality gaps identified; travel baseline completed	Develop place growth options with MATs/providers, including sites, falling rolls opportunities and inclusion-base pipeline assumptions. Agree inclusion-base quality standards, cohort definitions and a capital decision framework aligned to need and outcomes. Design the standard travel impact assessment approach for major proposals	Options appraisal and quality framework complete; capital/travel governance route agreed.	Agree the preferred place growth plan and pipeline with clear priorities, dependencies, indicative costs and decision points. Operationalise the sufficiency dashboard and integrate it into the performance pack. Complete the early years sufficiency assessment and agree actions including commissioning levers, hub role and routes into EaH.	Growth pipeline approved; sufficiency dashboard live; early years and PfA actions agreed.

on high-cost escalation. Success Measures: Sufficiency dashboard operational and used in decision-making. Baseline and trajectory agreed for local specialist-base placements, inclusion-base growth, out-of-area placements, travel impact and placement stability. Inclusion-base quality standards and cohort definitions agreed and linked to		specialist SEND early years places and gaps to assess. Map current post-16 and preparing for adulthood pathways and the availability of outcomes data. Complete the sufficiency baseline and forecasts, identify opportunities for mainstream capacity growth, use the School Organisation Plan to identify potential premises opportunities, and complete		and agree governance/sign-off thresholds.		Embed post-16/PfA outcomes tracking in governance and agree the Year 2 action plan.	

capital decision-making. Early years sufficiency assessment and post-16/PfA outcomes tracking embedded in governance. Growth pipeline agreed, reflecting the Year 1 trajectory toward specialist-base growth from the baseline		the baseline travel impact assessment					
Workstream 4: Inclusive culture, co-production and change adoption Purpose:	Inclusion culture / workforce development lead plus a partner co-chair drawn from parent carer or senior	Approve a workstream PID/Terms of Reference and confirm culture, leadership and co-	Leadership group design complete; confidence/equity/culture measures defined; co-production approach embedded.	Launch learning loops, communities of practice and peer challenge aligned to LISO, EaH and outreach.	Benchmark completed; first feedback loop published; leadership group and communiti	Implement SENDIASS improvement actions and publish clarified service expectations/feedback routes.	SENDIASS improvements and published dispute metrics in place; Year 2 culture and communications priorities agreed.

To build the cultural, behavioural and communication conditions needed for reform delivery through leadership development, communities of practice, co-production, feedback loops, inclusive messaging and visible improvement activity across the partnership. Success Measures: Baseline and annual measures agreed for leader/practitioner confidence, family confidence, equity of access and	education leadership	production scope. Agree and communicate the shared partnership narrative on inclusion, earlier intervention, equity and collective responsibility. Develop the Local Inclusion System Leadership Group / Leadership Reference Group purpose, roles and expected outcomes; issue expressions		Complete the co-production benchmark self-assessment and publish the first "you said, we did" cycle. Define and pilot the early dispute resolution/mediation pathway and supporting metrics. Confirm leadership group membership and initial programme of leadership development activity.	es of practice live.	Scale the dispute resolution pathway and publish performance on timeliness, resolution rates and satisfaction. Capture evidence from leadership development, peer coaching and communities of practice to shape the Year 2 plan. Produce Year 2 leadership, communications and co-production priorities aligned to the other workstreams.	

reintegration culture. Local Inclusion System Leadership Group/Leadership Reference Group established with agreed purpose, membership and outcomes. Co-production benchmark completed and “you said, we did” loops active within each workstream/locality. SENDIASS and dispute-resolution improvement actions agreed and monitored.		of interest where secondments are proposed. Formalise co-production arrangements, CYP voice routes and the seldom-heard engagement approach in conjunction with governance work. Review the SENDIASS baseline and current dispute-resolution arrangements to identify improvement priorities.					

Communities of practice, peer coaching and leadership development arrangements in place for Year 2 expansion. Inclusive culture indicators reflected in QA, dashboard and lived experience reporting		QA dashboard developed					

Projected Investment Spend per quarter

Please specify funding source for each category
Example categories:
Programme oversight/additional leadership capacity.
Workforce Recruitment
Workforce training and development
Data/Digital

Total Spend for Y1 (June 26 – March 27): £1,318,900

Post	Q2 £k
Independent Chair	£9.0
Programme Manager	£21.1
SEND Improvement Officer	£5.0
TOTAL	£35.1

Post	Q3 £k
Independent Chair	£9.0
Data Officer	£21.1
Programme Manager	£21.1
SEND Improvement Officer	£15.0
SEND Improvement Officer	£5.0
LISO Business Support	£9.1
LISO Business Support	£9.1
Commissioning Officer (SLA/Units)	£14.6

Post	Q4 £k
Independent Chair	£9.0
Data Officer	£21.1
Programme Manager	£21.1
Local Inclusion Support Offer Strategic Lead	£28.6
SEND Improvement Officer	£15.0
SEND Improvement Officer	£15.0
LISO Business Support	£9.1
LISO Business Support	£9.1
Area LISO Coordinator	£19.5
Area LISO Coordinator	£19.5
Area LISO Coordinator	£19.5
Area LISO Coordinator	£19.5

		Local Inclusion Support Offer Comms Lead	£11.4
		Systems improvements	£16.3
		Post 16/transitions LISO lead	£14.6
		Early Years LISO Lead	£14.6
		Early Years LISO Lead	£14.6
		Local Inclusion Family Support Coordinators x5	£73.1
		Family Link Coordinator x10	£50.0
		Community/Voluntary Sector LISO Leads (x5)	£21.1
		Health system navigators (x2)	£29.3
		TOTAL	£349.0

Area LISO Coordinator	£19.5
Area LISO Coordinator	£19.5
SALT Advanced Practitioner	£18.2
SLT /Assistant SLT	£16.3
SLT /Assistant SLT	£16.3
SLT /Assistant SLT	£16.3
SLT /Assistant SLT	£16.3
SLT /Assistant SLT	£16.3
SLT /Assistant SLT	£16.3
OT	£13.0
OT	£13.0
OT	£13.0
Senior EP	£24.4
Associate EP 3.5FTE	£126.0
Assistant EP	£12.7
Assistant EP	£12.7
EAH Development Leadership Group	£99.8
Commissioning Officer (SLA/Units)	£14.6
Local Inclusion Support Offer Comms Lead	£11.4
Systems improvements	£16.3
Post 16/transitions LISO lead	£14.6
Early Years LISO Lead	£14.6
Early Years LISO Lead	£14.6
Local Inclusion Family Support Coordinators x5	£73.1
Family Link Coordinator x10	£50.0
Community/Voluntary Sector LISO Leads (x5)	£21.1

			Health system navigators (x2) £29.3 **TOTAL** £934.8

006. Section 2 Question 6 SEND Reform Plan Year 1 delivery.docx

7. **How will the local area partnership deliver the first-year plan?**

Please set out how you will ensure the required capacity and capability is in place from organisational corporate functions to support implementation of the plan. This could include reference to how you plan to build or bring in project delivery capability to manage delivery against the plan, support prioritisation, and effective use of resources; and how you plan to build the capacity and capability in data and analytics to support effective tracking against the measures in the plan and reporting that informs decision making.

A Programme Management team led by an experienced programme manager will be drawn from existing programme support and SEND Support Team, funded using transformation funding. The team will provide Programme support including; a secretariat function for the Board; developing and maintaining the programme plan, supporting identification and management of risk, identification and management of project benefits/impacts. The manager will ensure timely and accurate reporting, escalation of risk and evidencing of impact. The role would also co-ordinate, finance, data and resourcing for the programme to present a single view of the Programme for the SRO.

A data analyst will be recruited to develop the existing SEND data dashboard. The role would also be required to support the Board and all partners to use data tools effectively. The role would be supervised by the existing business intelligence team and work closely with the data and finance lead to help build a single view of the programme. The view of the data will triangulate quantitative metrics (demand, timeliness, placements, attendance/exclusions, transport) with lived experience feedback to enable the board to understand and improve performance. Analytics capacity will enable quarterly DfE data returns and local performance packs that highlight equity of access, emerging risks and corrective action taken.

Corporate support would also be required from HR and Finance functions to support rapid recruitment/secondment/commissioning for scarce specialist roles and support workforce development and management of Programme finances. These roles would be drawn from existing corporate support on a temporary basis and funded using transformation funding.

8. **Other funding Local Authorities.**

Block Transfers: If you have made a block transfer (Schools Block to High Needs Block) for 26-27, please set out how your plans for this funding align with the activities outlined above.

Schools were consulted upon transferring the maximum allowable 0.5% from the Schools Block to the High Needs Block, equating to c£2million.

The services this supports provide early intervention to schools, settings and families for children and young people aged 0-19 years. This would include children with or without an EHC plan. The role of specialist SEND services include:

- support and advice to parents/carers in how to support their child's learning and development, through specialist knowledge, strategies and resources, support pupils, educational setting staff and parents/carers to understand a range of additional needs and sensory impairment and how this may impact on the child or young person's learning and well-being;
- support and advise educational settings in how to close/narrow the gap between pupils with a sensory impairment and additional needs and other pupils, through specialist knowledge, strategies, IT and resources;
- contribute towards improved access to the curriculum and learning environment
- work directly with pupils to develop specific skills which will enable them to independently access learning, improve their self-advocacy skills, improve their mobility and improve their self-confidence, social, emotional and well-being;
- monitor the progress of pupils over time in terms of the support and interventions SIS provide and to hold educational settings to account where necessary; and
- directly teach an Additional Core Curriculum (sign language, auditory processing skills, braille, tactual skills, IT skills, social emotional/well-being, self-advocacy, mobility and independence).

Schools have reported the value of specialist practitioners (including teachers with specialist qualifications) to support and empower their staff in ensuring positive outcomes for pupils. This is particularly key for pupils with significant and complex additional needs. Schools have reported a positive impact on their inclusive practice.

Capital: We have announced at least £3 billion in high needs capital between 2026-27 and 2029-30 to support children and young people (CYP) with SEND, or those requiring alternative provision (AP). This funding is intended to support place delivery across the full 0-25 age range, including early years and post-16. We expect funding to support the following outcomes:

a. Inclusion at the core of high needs sufficiency strategy, resulting in more children and young people with SEND accessing suitable places in mainstream settings, across all phases of education

b. Every child or young person who needs a place in an inclusion base can access one

c. Fewer children and young people with SEND needing to travel a long way to access a suitable placement

d. Improved suitability of the mainstream estate to support children and young people with SEND, with adaptations to improve inclusivity and accessibility of the physical environment

We also welcome innovative uses of high needs capital to drive inclusion, for example, investment in assistive technology for use in mainstream settings.

Please outline your strategy for how this funding will meet the outcomes above, with reference to the core minimum requirements and other workstreams in this reform plan where appropriate. We would like to see detail around your plans to increase capacity for inclusion bases (formerly known as SEN units, resourced provision and pupil support units – SU/RP/PSUs), such as schools, colleges or early years providers identified, engagement with relevant settings and trusts, and target cohort of needs.

If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases.

If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

Since 2023, the Council has delivered a SEND capital programme that has created over 500 new specialist places across West Northants special schools and SEND Units.

The Council has continued its approach to seek expressions of interest from individual schools and Multi Academy Trusts to create additional spaces. This approach is based on the demand for specialist provision – both geographical and primary need, the quality of inclusive practice in the school and the value for money for any investment.

Following the most recent exercise in Spring 2026, we received 18 bids, shortlisted down to 8, and approved 5 as detailed below. All of these schemes are designed to meet identified needs in West Northants and will support the Council's ambition to provide local, effective provision that supports inclusion within local communities.

The Council has committed to creating a further 80 new specialist places using approximately £3m of high needs capital allocation funding:

- 20 new places at Northampton International Academy in Sept 26 – SEMH secondary (internal conversion)
- 16 places at St Andrews Primary in Sept 26 – ASC primary (internal conversion)
- 16 places at Hunsbury Park Specialist Unit in Sept 26 - ASC primary (internal conversion)
- 12 places at Monksmoor Primary in Sept 27 – SEMH/ASC primary (new modular building)
- 16 places at John Hellins in Sept 27 – ASC primary (expansion of current school)

The Council is also progressing plans to expand Fairfields Special School – our local Outstanding school for children with profound and multiple learning difficulties. This expansion will create a further 13 places in January 2027 and a further 35 in September 2028 which will enable children to remain within their local communities while accessing high quality, effective provision.

The Council will continue this successful approach and will request further expressions of interest to meet identified gaps in local provision using the remaining 26/27 capital allocation and any future funds (including aligning s106 and CIL funding to the SEND capital funding where possible). This will include;

- additional specialist secondary provision for pupils with SEMH and ASC needs
- new specialist early years provision
- post 16 provision, especially to support transitions for pupil with SEMH needs
- new AP provision

As part of the development of our Local SEND Reform Plan, the Council will work proactively with all secondary schools and alternative providers to look at how Inclusion Units can be created.

The Council has developed a School Organisation Plan (SOP) that is aligned to the Local Plan which will be endorsed late in 2026. The SOP outlines how pupil numbers will change over the next 15 years in West Northants and will determine where and when additional school places are needed. To meet the demand of the Local Plan, where an additional 48,000 homes will be built, the Council is negotiating for new schools to be built. All new schools will be designed to ensure they meet the requirements of the SEND Reforms; providing inclusive education that is accessible for all needs.

9. **System partner and stakeholder engagement, and co-production.**

   Please outline how the local area partnership plans to engage system partners and stakeholders to develop and implement the plan – include planned engagement with schools and early years settings, alternative providers, FE and post-16 providers (including those your young people attend that are not within your local area), Parents and Carers and children and young people with SEND, with reference to the core minimum requirements. Consider changing roles and responsibilities in the context of the Schools White Paper and how you work collaboratively to manage the transition. Please indicate where additional support is required to engage partners or stakeholders - senior officials at the Department for Education will be available to contribute to summer term events with education leaders and parent carer forum leaders.

1) Principles
We will deliver engagement that is co-produced, inclusive, transparent and outcomes-led, with equity of access built in so that all voices are heard. Core aspects of this include refreshed joint governance and decision rights; resourced PCF and CYP participation; clear data-sharing and information governance; a shared outcomes framework with dashboards and escalation routes; and routine "you said, we did" feedback.

2) Partnership Governance-led engagement (how partners shape decisions)
SEND & AP Partnership Board reset: clear ToR, membership across LA/ICB, early years, schools/MATs, FE/post-16, AP, PCF, SENDIASS and CYP representation; quarterly assurance and escalation to senior governance.
Delivery infrastructure: integrated plan, RACI, benefits realisation and communications/change support for settings and services.
Decision cycle: quarterly dashboard review (demand, timeliness, equity, attendance/exclusions, placement stability, post-16 progression) with published actions to maintain transparency and trust.

3) Engagement by stakeholder group (proactive and inclusive)
Early years & schools (including MATs):
Locality-based co-design workshops to develop the Local Inclusion Support Offer (LISO) and aligned guidance (graduated response, fair access/managed moves/AP expectations).
Continued termly SENCO/EY inclusion peer networks, plus peer review/audit cycles to reduce variation and target improvement support.
Alternative Provision & outreach:
An AP & Reintegration forum to shape recommissioning proposals, routes in/out, step-down standards and reintegration culture (linked to the three-tier model).
FE and post-16 (including out-of-area providers):
A Post-16 Partnership Forum to agree pathway standards, transition information flows and access to specialist input.
For out-of-area mainstream FE attended by our CYP: a named link officer, termly virtual briefings, shared transition templates and monitored equity of access via dashboards.
Parents/Carers and CYP with SEND (co-production throughout):

PCF and CYP routes embedded in governance, design and commissioning with resourcing and a minimum co-production benchmark; "seldom-heard" outreach is planned and tracked.
Co-production labs each term (LISO, Experts at Hand access/triage, transitions, dispute resolution), plus youth-led sessions (schools/colleges) and accessible feedback loops ("you said, we did").

4) Innovative engagement channels (to widen reach and reduce barriers)
Digital: single engagement hub (short surveys, Q&A, webinar recordings, easy-read resources, QR feedback), plus targeted SMS/email updates via settings. This will be hosted through the Local Offer.
Community: Family Hub "listening posts", pop-up forums, parent champions, and youth peer researchers to reach families who don't attend formal meetings.
Practice networks: communities of practice/coaching linking inclusion standards to day-to-day classroom/setting routines.

5) Managing role changes and transitions
We will manage shifting responsibilities (MAT-led improvement, LA statutory duties, ICB health inputs) through a shared operating model: LISO "hard-wired" into school improvement/SEND reviews; joint LA–ICB accountability and commissioning; consistent transition minimum standards across phases; and agreed escalation when placements are at risk.

6) Where additional support is needed
DfE senior official support would add most value to:
A system summit with MAT CEOs/headteachers, FE principals and AP leaders to secure collective commitment to LISO, reintegration and transition standards.
A joint event with PCF leaders to reinforce co-production expectations, transparency and dispute resolution improvements.
Convening leverage to engage out-of-area FE/post-16 providers in adopting shared transition and support protocols.
DfE to support/facilitate cross border working – sharing best practice

10. **Risks and Mitigations**

What are the key risks that could affect the successful implementation of your Local SEND Reform Plan, and what mitigation strategies are in place to manage these risks? Please include a maximum of 5 risks with impact and likelihood RAG for each risk. See Annex C for suggested risk matrix.

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Funding - Funding required is not available, or the service is unable to spend funds within timeframe to deliver the revised service at the forecast level of demand. The new service is partly or wholly implemented, or is on a scale inadequate to meet need. Children with SEND do not receive any or adequate support	Critical	Possible	Amber	1. Ensure compliance with the timescale for producing a SEND Reform plan, and that it is of sufficient quality to trigger the release of funding 2. Identify and secure alternative funding if funding is not made available or adequate to meet all forecast costs to deliver the programme Owner: SRO Escalation route via Board Chair	Amber (reduced risk score)
Delivery Resource - A lack of suitably qualified, and experienced personnel reduces the ability to deliver the revised service in all or some areas that require a range of specialist skills such as SaLT, EP, or OT. Children with SEND do not receive any or adequate support. The transition of community healthcare services to a new	Critical	Possible	Amber	1. Train personnel through workforce development programme 2. Outsource to external provider where there is a shortfall in suitable personnel to deliver 3. Consider alternative skill mix to ensure specific support services can be built quickly with available resource 4. The new single provider for community healthcare should be given time to consider data, waiting list, staff, estates and funding. Owner: SRO	Amber (reduced risk score)

provider following the failure of the previous one may cause delays in services				Escalation route via Board Chair	
Market **-** External provider market is unwilling or unable to provide services as required, in the timeframe required or at an acceptable cost. For example provider or MAT site constraints delaying inclusion base development	Moderate	Possible	Amber	1. Complete soft market testing to assess market appetite and capacity to meet forecast need 2. Complete market development activity to increase appetite and ability to meet need Owner: commissioning Officer Escalation of risk via Board Chair	Amber (reduced risk score)
Leadership and Governance - The partnership is unable to provide capacity to ensure effective governance and leadership of the programme. ICB leadership time is diluted across multiple areas with different reform plans, manager roles are reduced. whilst Partners have differing priorities and priorities are not aligned. A lack of effective oversight and/or alignment leads to delays, cost overrun or lack of, or inadequate service provision. Children with SEND do not receive any or adequate support.	Critical	Unlikely	Amber	1. Release senior managers across the partnership to dedicate ring fenced to manage delivery of the programme and backfill roles where required 2. Commission additional leadership support to develop and deliver the programme to support the development and delivery of the programme 3. Engage DfE to provide direction as to partner priorities Owner: independent Chair Escalation of risk via Board Chair	Amber (reduced risk score)
Insufficient stakeholder	Critical	Unlikely	Amber	1. Robust engagement programme that engages	Amber

engagement - Insufficient input from Children and young people, parents and carers, schools across all settings with the Partnership to gather all user requirements, design services and processes, and provide feedback as services are delivered to enable improvements to be made				CYP in all stages in service design, from requirements gathering to design and building of processes, and implementation. 2. Utilise the reference group representing schools and early years settings, including out of county providers that is actively engaged in all stages of designing and delivering SEND Reforms 3. Build upon existing WNVP input to board and governance to all stages in developing and delivering SEND Reform Programme Owner: SROs Escalation route via Board Chair	(reduced risk score)

11. Dependencies

Please detail the key areas of the local area partnership's proposed SEND future state and roadmap that may be impacted by wider reforms nationally and locally and outline how you will manage these. We expect these will include but not be limited to:

- NHS reforms
- Local Government Re-organisation
- Reforms to Children's Social Care
- Best Start in Life, including Family Hubs
- Best Start In Life Strategy
- Curriculum and Assessment Review

1. NHS Reforms and ICB Commissioning
Ongoing ICB changes may impact pathway alignment, workforce capacity and commissioning. The ICB footprint differs from West Northamptonshire (WNC), though this is not new and has been managed previously.

The local partnership will mitigate this by strengthening data and intelligence to understand demand and delivery aligned to WNC priorities, including;

Adjusting plans where workforce capacity is reduced, using formal change control

Re-profiling milestones where necessary, subject to Board approval

NHFT's status as an Advanced Foundation Trust (AFT) supports flexible responses to local needs. Its application to become an Integrated Health Organisation (IHO) would further enable a population-based approach, improving coordination, early intervention and holistic support for children and young people with SEND.

IHO providers will work through wider provider networks, including subcontracting and delegated commissioning, potentially aligning services across children and adults.

2. Children's Social Care / Family Help Reforms
These reforms are critical for "support while waiting", navigation and early help. These services will be involved in the design of our Reform Plan to ensure integrated and sustainable design of these services. Should more significant changes result in a change to delivery approach that affects cost, timeliness or quality of programme deliverables the change control process will be used to enable the SEND Board to review and approve all changes.

3. Best Start in Life / Family Hubs
There is a dependency for early years identification, support and transitions. Family Hub leaders will be involved in the co-production of our new model to ensure integrated design of these services and proposed changes can be considered at the design stage. Should these activities not be effective then additional structures would need to be put into place. The cost of alternative arrangements would reduce available funding for other programme activities and potentially delay delivery. The WNC Family Help Strategy is aligned to the SEND & AP Strategy to identify opportunities and risks to service delivery.

5. National Policy and Statutory Clarity
The delivery of our Reform Plan depends on the final detail, phasing and statutory requirements of national SEND & AP Reforms , and alignment wider system changes (e.g. attendance, exclusions, school improvement). National implementation timelines may not align with local readiness across the partnership. The programme will mitigate policy uncertainty by treating it as a constra int in local design and delivery sequencing.

6. Funding and Financial Sustainability
Uncertainty in the amount of High Needs Funding, reform grants and transitional protections and timescales for grants will af fect affordability alongside existing DSG pressures. Reduced capital funding may also limit specialist provision and inclusion.

Plans and trajectories will be adjusted as needed, with any significant impacts managed through formal change control through the SEND Board.

7. Co-Production and Stakeholder Confidence
Delivery depends on effective co-production with children, families, schools and settings, and alignment with school pressures and accountability frameworks. This will be supported through strong engagement at all levels, from Board oversight to active involvement in design and implementation across schools and settings

8. LGR – West Northants have no current plans for LGR

Section 3 – Monitoring and Evaluation

12. **How will the local area partnership know delivery is on track?**

Please set out how you will monitor and track progress referencing:

- ***Monitoring tools and processes*** - the specific tools, systems, and data you will use to track delivery milestones and measure the impact on outcomes.

> *Some Local Area Partnerships hold data in a central SEND operational dashboard. This is used by teams on a weekly basis to identify trends in demand or inform conversations with local school or setting leaders.*
>
> *In some Local Area Partnerships, a view of the Key Performance Indicators (KPIs) is reviewed monthly by a SEND Board to take decisions on prioritisation, resourcing and delivery of services informed by regular data.*

Please set out how you will use data to track demand (e.g., EHCP applications for assessment), Service delivery (e.g., Speech and Language Specialists deployment; places created), Service quality (e.g., parental satisfaction) and outputs (e.g., pupil attendance; pupil exclusions)

- ***Feedback and adaptation mechanisms*** - what feedback loops and stakeholder input you will use to review progress and adjust your approach.

The Programme SRO (Mel Barnett) is accountable for ensuring the programme is effectively monitored and on track. The following tools, systems and approaches will be used:

1. **Outcomes Framework** – The Outcomes framework will set out the direct link between activities that we complete and the outputs and outcomes achieved as per the strategy. It will include the metrics and measures used to ensure effective change for children and families is felt in their daily lives. The measures will be incorporated into the data dashboard including a tolerance threshold to highlight delayed delivery or below expected performance, and highlight performance issues for the Board to address and rectify to ensure that change is being affected. WNVP surveys and feedback will be included in the outcomes framework. External benchmarks using in setting trajectories will be updated quarterly and included in the data dashboard.
2. **Data dashboard** – The existing SEND data dashboard is a MS Power BI covering all key performance data, including demand, service delivery and quality. The dashboard is accessible by Board members at any time. The data is refreshed according to an agreed schedule and presented monthly at each Board meeting as a summary report highlighting any issues outside a tolerance as set out in the outcomes framework and highlighted using a RAG rating. .
3. **Dashboard Supporting process** - The development of the dashboard is supported by cross Partnership data group that meet monthly to review, validate and address any data issues prior to the Board summary report being finalised. This data group will be chaired by the data analyst and will be responsible for continuous improvement of data collation, analysis addressing any data quality issues, refine measures and KPIs.
4. **Finance reporting** - Key financial measures that are to regularly reported and monitored by the board will be set out in the outcomes Framework. The finance lead appointed to the programme will be part of the board and will provide a report to ensure there is adequate grip of financial effectiveness, and action can be taken if spend is not delivering as expected.
5. **Workstream Highlight report** - Every month each workstream lead produces a highlight report for the board that covers progress against plan with a RAG status against pre-defined criteria; delivery risks identified with proposed mitigations, any items for escalation for the board to consider and agree actions to remove barriers to progress. For any workstream deliverable that is at risk of or is delayed, actions to get back on track are outlined along with any additional request for support. The report also covers a workstream view of the delivery impact and highlights where this is not as expected and escalation is required
6. **Workstream Supporting process** – The workstream steering group is used to quality review the highlight reports and for the workstream leads to provide peer support and challenge to ensure alignment across the workstreams and share good practice.
7. **Programme Board –** This is the governance forum where progress is reviewed through formal approval of highlight reports. All key deliverables will be reviewed and approved by the board. Through review of the data dashboard overall effectiveness in terms of demand service provision and quality is assured.

8. **Board support process** - A programme manager is responsible for creating and maintaining all programme documentation including a Programme Plan, Risk and Issue logs, and actions and decision logs. The Programme manager will work closely with the Board Chair and SRO to ensure the Board is able to easily understand progress, blocks or barriers to progress being escalated and prioritises the most pressing issues to maximise delivery effectiveness and efficient use of available resource.

Feedback and adaptation

- The Board includes representation from WNVP (West Northants Voices in Partnership) to represent the voice of parents and carers at all levels. A standing agenda item includes feedback from parents in the form of Padlets and more formal presentation of the Parent/Carer survey. The WNVP representative is empowered to raise any issue raised by a parent with the Board. Outside of the Board, WNVP are central to co-production and will be engaged in strategy development, service design, feeding back on effectiveness and highlighting issues and improvement ideas.
- 48U our CYP shadow board has been formed to enable the voice of children to be heard at board level, both through attendance at board and also submitting feedback and reports for board consideration. The group are also enabled to take part in co-production of strategy, service design, as well as feeding back on specific issues and improvement areas.
- The Board will need to consider delivery progress through the highlight reports, the impact through the data dashboard and financial reporting to determine where intervention is required to remove blockers to progress, increase the rate of delivery or where issues are identified to take remedial action to change approach to preserve desired outcomes for Children and Families and deliver value for money.
- All changes to the delivery programme will be subject to change control and formal approval by board.

13. **Reporting to DfE**

Using the attached data template, the local area partnership is required to provide quarterly data returns to DfE against selected key metrics. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support your local delivery, monitoring and evaluation. This will include data the department holds on **Attendance**, **Exclusions**, and **Unauthorised absence**.

Please use the attached data template to upload your initial data return to DfE.

002. Reform Plan Data Template - March 2026 - with Assumptions.xlsx

Section 4 – Governance

14. **How will the local area partnership ensure delivery of plans remain on track?**

Please outline the governance structures in place to oversee delivery. Clearly set out who is responsible for overseeing reform delivery, what each governance group or individual is accountable for, and how these arrangements ensure progress is monitored and decisions are made transparently. Please identify where the named SRO for the Local SEND Reform Plan sits within the governance structure and ensure your response incorporates the core minimum requirements.

To be read in conjunction with attached documents:

009. Section 4 question 14 SEND&AP Partnership Board - Draft Terms of Reference.docx

010. Section 4 question 14 Draft SEND Reform Workstream Terms of Reference Template.docx

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*
SEND Board	Provide governance in accordance with agreed Terms of Reference	The SEND and AP Partnership Improvement Board will be chaired by the independent chair. The SEND and AP Partnership Improvement Board has a core membership but there will be times when the Board may co-opt other agencies to participate as appropriate. <u>West Northamptonshire Council</u> • Director for Children's Services • Cabinet Member for Children, Families, and Education	Monthly	Approval of all programme deliverables. Acceptance of all Highlight reports, Approval of all programme level decisions	Chief Executives of Partner organisations (WNC,ICB, and NCT)

		• Assistant Director of Education • SEND Improvement Manager • Head of SEND • Head of School Effectiveness and Early Years • Public Health Principal for Children and Young People • Assistant Director of Integrated Commissioning • Assistant Director of Integrated Services • Business Intelligence and Population Insights Manager/Partner • Finance Lead for <u>Integrated Care Board</u> • Chief Nursing Officer • Director of Nursing with responsibility for SEND • Designated Clinical Officer for Children & People with SEND • Director of Integration <u>Health Providers</u> • Deputy Director of CYP's Community			

		Health Services – NHFT (Head of Children's Specialist Services & Head of SEND – NHFT to deputise) • Head of Children's Specialist Services & Head of SEND – NHFT • Directorate Manager of Child Health – NGH • Assistant Directorate Manager of Child Health – NGH <u>Northamptonshire Children's Trust</u> • Director of Social Care • Strategic Manager for Children with Disabilities and Designated Social Care Officer (DSCO) <u>West Northamptonshire Voices in Partnership</u> • Parents and families representative <u>Education Settings / Schools</u>			

		• Headteacher – Mainstream Primary Academy (Cedar Road) • Headteacher – Mainstream Secondary Academy (Guilsborough) • Headteacher – Special Primary School (Fairfields) • Headteacher – Special Secondary Academy (Northgate) • Headteacher – Nursery (Holbourn House) • Head of Centre – Alternative Provision • Vice Principal – Northampton College (FE rep) • Head of Education – University of Northampton <u>Advisory Observers</u> • Assistant Director for Quality Improvement and Health Inequalities / Deputy Programme Director Learning Disabilities, Autism / SEND Programme – NHSE • SEND Senior Manager of Learning			

		Disabilities and Autism Programme – NHSE • SEND Regional Lead – DfE East Midlands • SEND Senior Case Lead – DfE East Midlands • Local Partnership SEND Advisor – DfE Commissioned <u>Youth group</u> • 4-8-U			
Independent Chair	Chair of the Board. Provision of advice and review relating to programme deliverables	n/a	n/a		
LA SRO – Mel Barnett	Approval of all highlight reports, escalated risks and issues,	Overall accountability for Programme delivery	n/a	Approval of Highlight reports prior to presentation at board	Independent Chair
Workstream steering group	Assurance and approval of highlight reports, approval of all draft deliverables prior to submission at Board, sharing of good practice	Workstream leads and SRO – Mel Barnett (Chair), Programme Manager	Monthly (prior to Board meeting)	SRO	

If you have a diagram to show the relationship between these governance mechanisms, please upload this here.

Section 5 – Central Government Support

15. **How can we help you?**

Please outline any practical support you need from central government to implement your plan effectively.

This may include:

- Access to specialist expertise or advisory support
- Help with workforce development or recruitment challenges
- Tools or templates to support data collection, reporting, or evaluation
- Facilitation of peer learning or regional collaboration
- Support with system-level coordination across education, health, and care
- Guidance on navigating regulatory or policy barriers

The local area SEND partnership would benefit from regional or national support in the following areas:

- Facilitating national/regional networks to share good practice and learn from peers. This should include thematic peer reviews based on the reforms.
- Coordinate regional workforce development opportunities that are in line with local demand/areas of need. This should extend beyond the current focus on council/ICB staff and include schools/health providers.
- Regional or national commissioning approaches and accountability framework for INMSS, APs and MATs. Use this approach to support managing high cost placements, including negotiation of national funding levels.
- A national fair funding model for Councils and schools to be implemented, not based on historically inaccurate data
- Alignment of reforms with inspection frameworks for local areas and schools. Incentivise inclusion through regulatory framework – recognise schools with specialist unit or resource bases.
- Development of national IT solutions, including development of standardised assessment tools, improved use of AI in assessment, review and planning processes and across the education sector.
- Providing clarity for all partners about accountability across the partnership, including accountability framework for all statutory organisations.
- A national network of programme managers to enable sharing of good practice, tools, and approaches to assure delivery
- A regional or national network of data analysts to share good practice, tools and approaches to delivering and using data effectively
- Produce and share guidance about national funding bands
- Share national Inclusion Standards and OAP guidance and support available to ensure all areas and schools are aware of support available

Document	Link
The Schools White Paper	Every Child Achieving and Thriving
SEND Consultation Document	SEND reform: putting children and young people first.
LA and Schools Budget 2026-27	Schools Operational Guide 2026-27
Local Partnership Maturity Assessment Guidance and Tool	Included in commission pack
Local SEND Reform Plan – Data template	Included in commission pack
Local SEND Reform Plan Quality Assessment Framework	Included in commission pack
Local Inclusion Partnership Grant 2026-27	To be published Spring 2026
Experts at Hand Guidance	To be published Spring 2026
High Needs Capital Allocations 2026-27	To be published Spring 2026
Guidance on Inclusion bases	To be published Spring 2026

Annex C – Risk Matrix

IMPACT DESCRIPTION	IMPACT LEVEL	PROBABILITY/LIKELIHOOD				
		≤ 10%	>10% - <30%	>30% - <60%	>60% - <90%	>90%
		Very Unlikely	**Unlikely**	**Possible**	**Likely**	**Very Likely**
Cannot deliver Reform Plan; Failure of mission critical activity.	**Crisis**					
Significant impact to objectives; Significant and sustained disruption to activity.	**Critical**					
Delivery targets are compromised; Project delay / budget overrun.	**Moderate**					
Limited impact on delivery targets; Deviations from project resource, timescale or targets.	**Marginal**					
Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.	**Negligible**					